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O. U. 7















WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100ms-9-44-14955

<p>1 PLACE OF DEATH Suffolk Winthrop (City or Town) No. Winthrop Community Hospital</p>		<p>The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH</p>		<p>To be filed for burial permit with Board of Health or its Agent.</p>	
<p>2 FULL NAME Annie Blanch (Cropley) Moody (If deceased is a married, widowed or divorced woman, give also maiden name.)</p>		<p>3 SEX Female</p>		<p>4 COLOR OR RACE White</p>	
<p>(a) Residence. No. 70 Somerset Ave. St. Winthrop Mass (Usual place of abode) (If nonresident, give city or town and State)</p>		<p>5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Div.</p>		<p>18 DATE OF DEATH January 1 1947 (Month) (Day) (Year)</p>	
<p>Length of stay: In hospital or institution 6 days (Before death) (Specify whether in hospital)</p>		<p>6 Age of husband or wife if alive years</p>		<p>19 I HEREBY CERTIFY, That I attended deceased from July 30, 1946 to January 1, 1947 I last saw her alive on December 31, 1946 death is said to have occurred on the date stated above, at 8:05 A.M.</p>	
<p>PERSONAL AND STATISTICAL PARTICULARS</p>		<p>MEDICAL CERTIFICATE OF DEATH</p>			
<p>7 IF STILLBORN, enter that fact here.</p>		<p>8 AGE 75 Years 0 Months 8 Days If less than 1 day Hours Minutes</p>		<p>Immediate cause of death Peritonitis</p>	
<p>9 Usual Occupation: At home</p>		<p>10 Industry or Business:</p>		<p>Due to Acute gangrenous appendicitis with perforation</p>	
<p>11 Social Security No. none</p>		<p>12 BIRTHPLACE (City) (State or Country) Nova Scotia</p>		<p>Due to Cholelithiasis - hydroph of gall-bladder. 2 Carcinoma of rt. breast.</p>	
<p>13 NAME OF FATHER unable to obtain - Cropley</p>		<p>14 BIRTHPLACE OF FATHER (City) (State or Country) England</p>		<p>Other conditions (Include pregnancy within 3 months of death) Major findings: Peritonitis. Acute gangrenous appendicitis - perforated Date of Dec. 26, 1946</p>	
<p>15 MAIDEN NAME OF MOTHER Not known</p>		<p>16 BIRTHPLACE OF MOTHER (City) (State or Country) England</p>		<p>Of operations Of autopsy NONE</p>	
<p>17 Informant (Address) Herbert P. Moody (Son) 70 Somerset Ave. Winthrop</p>		<p>18 NAME OF FUNERAL DIRECTOR Lowell S. Reynolds Winthrop Mass.</p>		<p>Physician Underline the cause to which death should be charged statistically.</p>	
<p>I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with the BEFORE the burial or transit permit was issued: Walter G. Bissett (Signature of Agent of Board of Health or other)</p>		<p>20 Was disease or injury in any way related to occupation of deceased? No</p>		<p>21 Place of Burial, Cremation or Removal. Winthrop (City or Town) DATE OF BURIAL January 3 1947</p>	
<p>Health Officer (Official Designation) 1/2/47 (Date of Issue of Permit)</p>		<p>22 NAME OF FUNERAL DIRECTOR Lowell S. Reynolds Winthrop Mass.</p>		<p>Received and Filed JAN 3 1947 (Registrar)</p>	





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If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

No. 104 Highland Avenue-Fisher Rest Home St.

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

Registered No. 2

To be filed for burial permit  
with Board of Health  
or its Agent.

2 FULL NAME Jacob Mendoza  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 1510 North Shore Road,  
(Usual place of abode)

x. Revere, Mass.  
(If nonresident, give city or town and State)

Rest Home  
Length of stay: In hospital or institution (Before death) (Specify whether) years months 7 days. In this community yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX male  
4 COLOR OR RACE white  
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Divorced

5a If married, widowed or divorced HUSBAND or (Give maiden name of wife in full)  
(or) WIFE of Olive Elwell (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 78 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Cigar-Packer (retired)

10 Industry or Business:

11 Social Security No. none

12 BIRTHPLACE (City) (State or Country) London, England

13 NAME OF FATHER Abraham Mendoza

14 BIRTHPLACE OF FATHER (City) (State or Country) London, England

15 MAIDEN NAME OF MOTHER Abigail Lyons

16 BIRTHPLACE OF MOTHER (City) (State or Country) London, England

17 Informant Judah Mendoza (Relation if any) son  
(Address) 1510 N. Shore Road, Revere.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter H. Baker  
(Signature of Agent of Board of Health or other)

Health Officer  
(Official Designation) (Date of Issue of Permit) 1/7/47

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 3, 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec 26, 1946, to Jan 3, 1947

I last saw him alive on Jan 1, 1947, death is said to have occurred on the date stated above, at 7 a. m.

Immediate cause of death

Coronary Thrombosis  
Chronic Myocarditis

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

What test confirmed diagnosis? Clinical Signs

20 Was disease or injury in any way related to occupation of deceased? It so, specify

(Signed) Daniel J. O'Keefe, M. D.  
(Address) Winthrop Date Jan 3, 1947

21 Abramson, W. Box. XXXXXX  
(Place of Burial, Cremation or Removal) (City or Town)

DATE OF BURIAL January 5, 1947

22 NAME OF FUNERAL DIRECTOR Benj. F. Solomon.  
ADDRESS 420 Harvard Street, Brookline.

Received and Filed

JAN 7 1947

19

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE \_\_\_\_\_

DATE OF DISCHARGE \_\_\_\_\_

RANK, RATING \_\_\_\_\_

ORGANIZATION AND OUTFIT \_\_\_\_\_

SERVICE NUMBER \_\_\_\_\_



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If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-9-44-14955

PLACE OF DEATH  
1

*Suffolk*  
(County)  
*Winthrop*  
(City or Town)

No. *Winthrop Community Hosp.* St. { (If death occurred in a hospital or institution, give its NAME instead of street and number) }

2 FULL NAME *Asel E. Larsen*  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *26 Beacon*  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution *7 days* years months *1* days In this community *6* yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE (write the word) *Married*  
MARRIED  
WIDOWED  
OR DIVORCED

5a If married, widowed or divorced  
HUSBAND of *Gertrude Overeen*  
(Give maiden name of wife in full)  
(or) WIFE of  
(Husband's name in full)

6 Age of husband or wife if alive *62* years

7 IF STILLBORN, enter that fact here.

8 AGE *66* Years *8* Months *18* Days If less than 1 day Hours Minutes

9 Occupation: *Painter*

10 Industry or Business: *Building Maint.*

11 Social Security No. *011-0973163*

12 BIRTHPLACE (City) *Denmark*  
(State or Country)

13 NAME OF FATHER *Lars Larsen*

14 BIRTHPLACE OF FATHER (City) *Denmark*  
(State or Country)

15 MAIDEN NAME OF MOTHER *Anna Holm*

16 BIRTHPLACE OF MOTHER (City) *Denmark*  
(State or Country)

17 Informant *Gertrude Overeen* (Relation if any) *Wife*  
(Address) *26 Beacon St Winthrop*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

*Walter G. Baker*  
(Signature of Agent of Board of Health or other)  
*Health Officer*  
(Official Designation)

(Date of Issue of Permit) *1/5/47*



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

Registered No. *3*

To be filed for burial permit  
with Board of Health  
or its Agent.

PHYSICIAN-IMPORTANT  
(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *January 4, 1947*  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
*June 20, 1944, to January 4, 1947*  
I last saw him alive on *January 3, 1947*, death is said to  
have occurred on the date stated above, at *7:35 A.M.*

Immediate cause of death

*Cerebral hemorrhage (massive) with  
right hemiplegia  
Due to arteriosclerotic and hyperten-  
sive heart disease*

Due to

Other conditions *Hypertrophic arthritis*  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations *None*

Of autopsy *None* Date of

What test confirmed diagnosis: *Clinical + Laboratory*

20 Was disease or injury in any way related to occupation of deceased? *No.*  
If so, specify *Maxwell Transstein*, M. D.  
(Signed) *562 Shirley St.* (Address) Date *Jan 4, 1947*

21 *Woodlawn* *Winthrop* *Concord*  
Place of Burial, Cremation or Removal. (City or Town)  
DATE OF BURIAL *Jan. 6 -* 19 *47*

22 NAME OF FUNERAL DIRECTOR *Frank T. Brown*  
ADDRESS *Medford, Mass.*

Received and Filed

*JAN 7 1947*

(Registrar)

19

Duration  
IMPORTANT

*3 1/2 hours*  
*3 years*

IMPORTANT

Physician

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION



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If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a notation to that effect.

100m. (g.) 1-45-15510

1 PLACE OF DEATH

Suffolk  
(County)  
Winthrop  
(City or Town)  
No. 84 Cottage Ave.



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 4

2 FULL NAME Byron Walker Noyes, Sr.  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 84 Cottage Ave.  
(Usual place of abode)

ST (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) none

(If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community 1 yrs. 3 mos. days.

PERSONAL AND STATISTICAL PARTICULARS		
3 SEX male	4 COLOR OR RACE white	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married
5a If married, widowed, or divorced HUSBAND of Helen Lee Brider (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)		
6 Age of husband or wife if alive 58 years		
7 IF STILLBORN, enter that fact here.		
8 AGE 81 Years 8 Months 10 Days   If less than 1 day Hours Minutes		
Usual Occupation: Salesman		
10 or Business: Rubber		
11 Social Security No. 015-16-3679		
12 BIRTHPLACE (City) Middleton, Mass. (State or country)		
13 NAME OF FATHER Alpheus Noyes,		
14 BIRTHPLACE OF FATHER (City) Bow, N. H. (State or country)		
15 MAIDEN NAME OF MOTHER Harriett Coolidge Walker		
16 BIRTHPLACE OF MOTHER Lowell, Mass. (State or country)		
17 Informant Mrs. Helen B. Noyes, (Wife) (Address) 84 Cottage Ave. Winthrop, Mass.		

PARENTS

MEDICAL CERTIFICATE OF DEATH	
18 DATE OF DEATH January 4, 1947 (Month) (Day) (Year)	
19 I HEREBY CERTIFY, That I attended deceased from March 1946 to Jan 4, 1947 I last saw him alive on Jan 4, 1947, death is said to have occurred on the date stated above, at 5 P.M. Immediate cause of death Coronary occlusion	Duration
Due to Arterio-sclerotic Heart Dis.	IMPORTANT
Due to Bilateral Inguinal Hernia	
Other conditions Bilateral Inguinal Hernia (Include pregnancy within 8 months of death) Arterio-sclerotic	IMPORTANT
Major findings: Arthritis Of operations	Physician
Of autopsy	Underline the cause to which death should be charged statistically.
What test confirmed diagnosis?	
20 Was disease or injury in any way related to occupation of deceased? No. If so, specify. (Signed) Byron W. Noyes, Jr. (Address) 56 1/2 Summer St. Winthrop, Mass. Date Jan 4, 1947	
21 Oakdale Cemetery, Middleton, Mass. Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL January 6, 1947	
22 NAME OF FUNERAL DIRECTOR J.E. Henderson Co., ADDRESS 517 Broadway, Everett, Mass.	
Received and filed JAN 7 1947	19
	(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m(1):1-44 1-3634

1 PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 20 Faun Bar Ave.



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 5

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Thomas J. McCabe  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 20 Faun Bar Ave.,  
(Usual place of abode) St.

(If nonresident, give city or town and State)

Length of stay: in hospital or institution ..... years ..... months ..... days.  
(Before death) (Specify whether) In this community 11 yrs. mos. days.

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Married

5a If married, widowed or divorced  
HUSBAND of Kathryn Sullivan McCabe  
(Give maiden name of wife in full)  
(or) WIFE of  
(Husband's name in full)

6 Age of husband or wife if alive 60 years

7 IF STILLBORN, enter that fact here.

8 AGE 60 Years Months Days If less than 1 day  
Hours Minutes

9 Occupation: Guard

Industry  
10 or Business: U. S. Customs

11 Social Security No. 7848

12 BIRTHPLACE (City) Boston  
(State or country) Mass.

PARENTS

13 NAME OF  
FATHER Thomas McCabe

14 BIRTHPLACE OF  
FATHER (City) Ireland  
(State or country)

15 MAIDEN NAME  
OF MOTHER Bridget Wall

16 BIRTHPLACE OF  
MOTHER (City) Ireland  
(State or country)

17

Informant Kathryn S. McCabe (Wife)  
(Address) 20 Faun Bar Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

Walter H. Baker  
(Signature of Agent of Board of Health or other)

Health Officer (Date of issue of permit) 1/8/47

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. 6 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
December 22, 1946 to January 6, 1947.  
I last saw him alive on January 6, 1947, death is said to  
have occurred on the date stated above, at 10:20 A. M.

Immediate cause of death

Coronary thrombosis  
Due to Angina pectoris

Due to arteriosclerosis

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations None

Date of

Of autopsy None

What test confirmed diagnosis? Clinical & Laboratory

20 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) Walter H. Baker  
(Address) 562 Chapel St., Winthrop Date Jan. 6, 1947

21 Winthrop Winthrop  
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Jan. 9 1947

22 NAME OF FUNERAL DIRECTOR Richard H. White  
ADDRESS 147 Winthrop St., Winthrop

Received and Read JAN 10 1947

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION



WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

30m-(b)-6-44-14607

1 PLACE OF DEATH

SUFFOLK  
(County)  
BOSTON(City or Town)  
Beth Israel Hospital

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
COPY OF  
CERTIFICATE OF DEATH

BOSTON  
(City or town making return)

Registered No. 130 6

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Genevieve Minsky  
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence, No. 6 Hutchinson  
(Usual place of abode)St. Winthrop Mass.  
(If nonresident, give city or town and State)Length of stay: In hospital or institution..... years months 32 days. In this community yrs. mos. 32 days.  
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE (write the word)  
MARRIED Married  
WIDOWED  
or DIVORCED5a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of Abraham Minsky  
(Husband's name in full)

6 Age of husband or wife if alive 31 years

7 IF STILLBORN, enter that fact here.

8 AGE 27 Years Months Days If less than 1 day  
Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: None

11 Social Security No. None

12 BIRTHPLACE (City) Boston Mass.  
(State or country)

13 NAME OF FATHER David Plotnick

14 BIRTHPLACE OF FATHER (City) Russia  
(State or country)

15 MAIDEN NAME OF MOTHER Mary Rosenberg

16 BIRTHPLACE OF MOTHER (City) Russia  
(State or country)17 Informant Husband (Relation, if any)  
(Address)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Jan. 8 19 47

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. 6/47  
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from  
Dec. 5, 19 46, to Jan. 6, 19 47  
I last saw h. alive on Jan. 6/47, 19, death is said to  
have occurred on the date stated above, at 6:10AM m.

Immediate cause of death Congestive failure Duration 1-2 Mos.

Due to Rheumatic heart disease 6 Yrs

Due to

Other conditions (Include pregnancy within 3 months of death) Physician

Major findings: Of operations Underline the cause to which death should be charged statistically.

Date of

Of autopsy Clinical tests No

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. Wolsky M. D.  
(Address) 330 Brookline Ave. Date 1-6 19 4721 PLACE OF BURIAL, Onichty Cem-Melrose Mass.  
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL Jan. 6/47 19

22 NAME OF FUNERAL DIRECTOR H J Torf  
ADDRESS Chelsea Mass.

Received and filed JAN 22 19 47

(Registrar of City or Town where deceased resided)



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m. (R)-1-4-15310

1 PLACE OF DEATH

*Suffolk Boston*  
(County)  
*Winthrop*  
(City or Town)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. *7*

No. *Winthrop Community Hospital* St. (If death occurred in a hospital or institution, give its NAME instead of street and number)  
2 FULL NAME *Baby Girl Queenan*  
(If deceased is a married, widowed or divorced woman, give also maiden name.)  
(a) Residence, No. *223 Leyden* St. *East Boston*  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community yrs. mos. days.

PHYSICIAN - IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR) *no*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE (write the word) MARRIED WIDDED OR DIVORCED *single*  
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. *Stillborn*

8 AGE Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: *None*

10 Industry or Business: *None*

11 Social Security No. *None*

12 BIRTHPLACE (City) *Winthrop Mass*  
(State or country)

13 NAME OF FATHER *Harold B. Queenan*

14 BIRTHPLACE OF FATHER (City) *East Boston*  
(State or country) *Mass*

15 MAIDEN NAME OF MOTHER *Mary Mc Millan*

16 BIRTHPLACE OF MOTHER (City) *Lynn*  
(State or country) *Mass*

17 Informant (Address) *Harold B. Queenan* Relation, if any *father*  
*223 Leyden St. E. S. Father*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:  
*Walter S. Baker*  
(Signature of Agent of Board of Health or other)  
*HO* (Official Designation) *1/11/47* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Jan 8 1947*  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 19... to 19...  
I last saw him alive on... 19... death is said to have occurred on the date stated above, at... m.

Immediate cause of death...

*Still-birth (premature)*

Due to...

Due to...

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of...

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? If so, specify *James F. Talbot* M. O. *1/11/47*  
(Signed) (Address) *52 Albany St. B. B.* Date *1/11/47*

21 Place of Burial, Cremation or Removal *Holy Cross Malden*  
(City or Town)  
DATE OF BURIAL *Jan 11 1947*

22 NAME OF FUNERAL DIRECTOR *Charles H. Treanor*  
ADDRESS *East Boston*

Received and filed *JAN 13 1947* 19... (Registrar)

IMPORTANT

IMPORTANT

Physician

Underline the cause to which death should be charged statistically

*Mc Millan, Mary born 1/28/47*



EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD  
 Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m. (b) - 6-44-14607

## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSCOPY OF  
CERTIFICATE OF DEATH

Lawrence  
 (City or town making return)

Registered No. 3

1 PLACE OF DEATH  
Essex  
 (County)  
Lawrence  
 (City or Town)  
Lawrence State Hospital  
 No. \_\_\_\_\_ St. \_\_\_\_\_



2 FULL NAME Rebecca Silverman (Tannenbaum) { (If U. S. War Veteran, specify WAR)  
 (If deceased is a married, widowed or divorced woman, give also maiden name.)  
 (a) Residence, No. 21 Hutchinson St. Winthrop  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of stay: In hospital or institution \_\_\_\_\_ years 2 months 10 days. In this community yrs. mos. days.  
 (Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)  
Married  
 MARRIED  
 WIDOWED  
 or DIVORCED

5a If married, widowed, or divorced  
 HUSBAND of \_\_\_\_\_  
 (or) WIFE of Jacob Silverman  
 (Give maiden name of wife in full)  
 (Husband's name in full)

6 Age of husband or wife if alive cannot be learned

7 IF STILLBORN, enter that fact here.

8 AGE 58 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than 1 day  
 Hours \_\_\_\_\_ Minutes \_\_\_\_\_

9 Occupation: Housewife

10 Industry or Business: \_\_\_\_\_

11 Social Security No. None

12 BIRTHPLACE (City)  
 (State or country) Austria

13 NAME OF FATHER Joseph Tannenbaum

14 BIRTHPLACE OF FATHER (City)  
 (State or country) Austria

15 MAIDEN NAME OF MOTHER cannot be learned

16 BIRTHPLACE OF MOTHER (City)  
 (State or country) Austria

17 Informant Mary K. McPhillips Relation, if any  
 (Address) Hathorne Mass.

A TRUE COPY.

ATTEST: \_\_\_\_\_  
 (Registrar of city or town where death occurred)

DATE FILED Jan. 20 1947

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. 8 1947  
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
Oct. 29 1946, to Jan. 8 1947  
 I last saw him alive on Jan. 8 1947 death is said to  
 have occurred on the date stated above, at 4:35 a.m. Duration

Immediate cause of death Secondary Anemia 6 dy.

Due to Intestinal hemorrhage 6 dy.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Date of \_\_\_\_\_

Of autopsy \_\_\_\_\_

What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased? No.

If so, specify \_\_\_\_\_

(Signed) Francis K. Sullivan, M. D.

(Address) Hathorne Mass. Date Jan. 9 1947

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cem. Everett  
 (Cemetery) (City or Town) Mass.

DATE OF BURIAL Jan. 9 1947

22 NAME OF FUNERAL DIRECTOR Benjamin Biernbach  
 ADDRESS Lowchester Mass.

Received and filed \_\_\_\_\_ 19 \_\_\_\_\_

(Registrar of City or Town where deceased resided)





WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD  
 Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

30m-(b)-6-44-14607

SUFFOLK (County)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		BOSTON (City or town making return)	
1 PLACE OF DEATH (City or Town)		COPY OF CERTIFICATE OF DEATH		Registered No. 262 9	
No. Beth Israel Hospital		St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)			
2 FULL NAME (If deceased is a married, widowed or divorced woman, give also maiden name.)		Mrs Rae Elfman		{ (If U. S. War Veteran, specify WAR) no	
(a) Residence. No. 20 Beach		St. Winthrop		(If nonresident, give city or town and State)	
Length of stay: In hospital or Institution. hospital		years months 177 days		In this community yrs. mos. 177 days.	
(Before death)		(Specify whether)			
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX Female	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED Married WIDOWED or DIVORCED			
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)					
(or) WIFE of Louis Elfman (Husband's name in full)					
6 Age of husband or wife if alive 47 years					
7 IF STILLBORN, enter that fact here.					
8 AGE 46 Years Months Days If less than 1 day Hours Minutes					
9 Usual Occupation: Housewife					
10 Industry or Business:					
11 Social Security No. none					
12 BIRTHPLACE (City) Montreal (State or country) Canada					
13 NAME OF FATHER Louis Greenfield					
14 BIRTHPLACE OF FATHER (City) Russia (State or country)					
15 MAIDEN NAME OF MOTHER Anna Markowitz					
16 BIRTHPLACE OF MOTHER (City) Russia (State or country)					
17 Informant Louis Elfman (Address) 20 Beach Rd Winthrop (Relation, if any)					
A TRUE COPY Michael J. [Signature]					
ATTEST: (Registrar of city or town where death occurred)					
DATE FILED Jan 13 1947 19					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH January 9 1947 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from Oct 15 1946, to Jan 9 1947 I last saw her alive on Jan 9 1947, death is said to have occurred on the date stated above, at 10:30 P. M.					
Immediate cause of death Pemphigus Duration 7 1/2 mos					
Due to					
Due to					
Other conditions (Include pregnancy within 3 months of death)					
Major findings: Of operations Date of					
Of autopsy As above					
What test confirmed diagnosis? Autopsy					
20 Was disease or injury in any way related to occupation of deceased? No					
If so, specify					
(Signed) Maurice Kaufman M. D. (Address) B I H Date 1/9 1947					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Tifereth Israel (Cemetery) Tifereth City or Town					
DATE OF BURIAL Jan 10 1947 19					
22 NAME OF FUNERAL DIRECTOR Benj. F. Solomon ADDRESS Brookline 1888					
Received and filed JAN 22 1947 19 (Registrar of City or Town where deceased resided)					

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Author		Title		Date	
ALAN TURING	1912-1954	THE CALCULUS OF LAMBDA	1936	1936	1936
ALAN TURING	1912-1954	THE UNCHANGING LAMBDA	1937	1937	1937
ALAN TURING	1912-1954	THE UNCHANGING LAMBDA	1938	1938	1938
ALAN TURING	1912-1954	THE UNCHANGING LAMBDA	1939	1939	1939
ALAN TURING	1912-1954	THE UNCHANGING LAMBDA	1940	1940	1940
ALAN TURING	1912-1954	THE UNCHANGING LAMBDA	1941	1941	1941
ALAN TURING	1912-1954	THE UNCHANGING LAMBDA	1942	1942	1942
ALAN TURING	1912-1954	THE UNCHANGING LAMBDA	1943	1943	1943
ALAN TURING	1912-1954	THE UNCHANGING LAMBDA	1944	1944	1944
ALAN TURING	1912-1954	THE UNCHANGING LAMBDA	1945	1945	1945
ALAN TURING	1912-1954	THE UNCHANGING LAMBDA	1946	1946	1946
ALAN TURING	1912-1954	THE UNCHANGING LAMBDA	1947	1947	1947
ALAN TURING	1912-1954	THE UNCHANGING LAMBDA	1948	1948	1948
ALAN TURING	1912-1954	THE UNCHANGING LAMBDA	1949	1949	1949
ALAN TURING	1912-1954	THE UNCHANGING LAMBDA	1950	1950	1950
ALAN TURING	1912-1954	THE UNCHANGING LAMBDA	1951	1951	1951
ALAN TURING	1912-1954	THE UNCHANGING LAMBDA	1952	1952	1952
ALAN TURING	1912-1954	THE UNCHANGING LAMBDA	1953	1953	1953
ALAN TURING	1912-1954	THE UNCHANGING LAMBDA	1954	1954	1954

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

30m. (b) 6-44-14607

1 PLACE OF DEATH

WORCESTER

(County)

RUTLAND

(City or Town)

No.

Rutland State Sanatorium

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

RUTLAND

(City or town making return)

Registered No.

10

2 FULL NAME

John Joseph Patten

(If deceased is a married, widowed or divorced woman, give also maiden name.)

90 Sagamore Ave.

(a) Residence. No.

(Usual place of abode)

St.

Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution

(Before death)

Sanatorium 4 years 9 months 13 days.

(Specify whether)

In this community 4 yrs. 9 mos. 13 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED Married  
WIDOWED  
or DIVORCED

5a If married, widowed, or divorced Margaret Greaves  
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

63

years

7 IF STILLBORN, enter that fact here.

8

AGE

60

Years

3

Months

1

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Shipper

Industry

10 or Business:

Standard Oil Co.

11 Social Security No.

None

12 BIRTHPLACE (City)

Roxbury

(State or country)

Mass.

13 NAME OF

FATHER

Thomas Patten

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME

OF MOTHER

Norah McCarthy

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Ireland

17

Informant

(Address)

State San. Records

(Relation, if any)

Rutland, Mass.

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

January 11, 1947

DATE FILED

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

January 9,

1947

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from March 27, 1947, to January 9, 1947

I last saw him alive on Jan. 9, 1947, death is said to

have occurred on the date stated above, at 3:15 A.M.

Immediate cause of death

Pulmonary tuberculosis

Duration

13 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? Lab. & x-rays

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

Unknown

(Signed)

Armand Laroche

M. D.

(Address)

Rutland State San.

Date

1/9

1947

21 PLACE OF BURIAL,

CREMATION OR REMOVAL

St. Benedict, Boston, Mass

(Cemetery)

(City or Town)

DATE OF BURIAL

December 13, 1946

19

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

Frank W. Miles Co.

Jefferson, Mass.

Received and filed

FEB 4 1947

19

(Registrar of City or Town where deceased resided)






MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(d)-6-43-12056

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH		1. <u>Lanvers</u> (City or town making return)
1	<u>Essex</u> (County)			Registered No. <u>11</u>
	<u>Lanvers</u> (City or Town)	<u>Lanvers State Hospital</u> No.	St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2	FULL NAME <u>Bridget B. McNeil</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)		<u>(Fenton)</u> { (If U. S. War Veteran, specify WAR)	
	(a) Residence. No. <u>15 Summit</u> (Usual place of abode)		St. <u>Winthrop</u> (If nonresident, give city or town and State)	
Length of stay: In hospital or Institution _____ years / months <u>3</u> days. (Before death) (Specify whether)		In this community yrs. mos. days.		
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word)		
<u>Female</u>	<u>White</u>	MARRIED <u>Widowed</u> WIDOWED or DIVORCED		
5a If married, widowed, or divorced HUSBAND of _____				
(or) WIFE of <u>Lanvers</u> (Give maiden name of wife in full) (Husband's name in full)				
6 Age of husband or wife If alive _____ years				
7 IF STILLBORN, enter that fact here.				
8 AGE <u>81</u> Years _____ Months _____ Days _____ If less than 1 day _____ Hours _____ Minutes				
Usual 9 Occupation: <u>Housewife</u>				
Industry 10 or Business: _____				
11 Social Security No. <u>None</u>				
12 BIRTHPLACE (City) _____ (State or country) <u>Canada</u>				
PARENTS	13 NAME OF FATHER <u>William Fenton</u>			
	14 BIRTHPLACE OF FATHER (City) _____ (State or country) <u>Canada</u>			
	15 MAIDEN NAME OF MOTHER <u>Bridget O'Donnell</u>			
	16 BIRTHPLACE OF MOTHER (City) _____ (State or country) <u>Canada</u>			
17 Informant <u>Marjorie M. Phillips</u> Relation, if any _____ (Address) <u>Waltham Mass.</u>				
A TRUE COPY. _____				
ATTEST: _____ (Registrar of city or town where death occurred)				
DATE FILED <u>Jan. 20</u> 19 <u>47</u>				
MEDICAL CERTIFICATE OF DEATH				
18 DATE OF DEATH <u>Jan. 11</u> 19 <u>47</u> (Month) (Day) (Year)				
19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) <u>Bronchopneumonia associated with fracture right hip</u>				
20 Accident, suicide, or homicide (specify) <u>Accident</u> Date of occurrence <u>Jan. 6</u> 19 <u>47</u> Where did Injury occur? <u>Lanvers Mass.</u> (City or town and State)				
Did Injury occur in or about the home, on farm, in industrial place, or in public place? <u>Lanvers State Hospital</u> (Specify type of place)				
Manner of Injury <u>Fell out of bed</u> Nature of Injury <u>as above</u> While at work? <u>no</u> Was there an autopsy? <u>no</u>				
21 Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>J. P. Murphy</u> M. D. (Address) <u>Waltham Mass.</u> Date <u>1-12</u> 19 <u>47</u>				
22 <u>St. Patrick's Cem.</u> <u>Lowell</u> Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL <u>Jan. 15</u> 19 <u>47</u>				
23 NAME OF FUNERAL DIRECTOR <u>John F. O'Malley</u> ADDRESS <u>Winthrop Mass.</u>				
Received and filed <u>FEB 7 1947</u> 19 _____ (Registrar of City or Town where deceased resided)				





N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-40-D-729-a

1 PLACE OF DEATH  
 Suffolk (County)  
 Winthrop (City or Town)  
 No. Winthrop Community Hosp. St.

The Commonwealth of Massachusetts  
 OFFICE OF THE SECRETARY  
 DIVISION OF VITAL STATISTICS

STANDARD  
 CERTIFICATE OF DEATH

To be filed for burial permit  
 with Board of Health  
 or its Agent.

Registered No. 12

2 FULL NAME Baby Girl Mailor  
 (If deceased is a married, widowed or divorced woman, give also maiden name.)  
 (a) Residence No. 247 Maverick St. E.B.  
 (Usual place of abode)  
 Length of stay: In hospital or institution 2 days (Specify whether) yrs. months days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female  
 4 COLOR OR RACE White  
 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single  
 5a If married, widowed, or divorced HUSBAND of \_\_\_\_\_  
 (Give maiden name of wife in full)  
 (or) WIFE of \_\_\_\_\_  
 (Husband's name in full)  
 6 Age of husband or wife if alive \_\_\_\_\_ years  
 7 IF STILLBORN, enter that fact here.  
 8 AGE \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than 1 day Hours 12 Minutes  
 9 Occupation \_\_\_\_\_  
 10 Industry or Business \_\_\_\_\_  
 11 Social Security No. \_\_\_\_\_  
 12 BIRTHPLACE (City) Winthrop Mass (State or country)  
 13 NAME OF FATHER George Mailor  
 14 BIRTHPLACE OF FATHER (City) Watford N.Y. (State or country)  
 15 MAIDEN NAME OF MOTHER Simone Dupuis  
 16 BIRTHPLACE OF MOTHER (City) Montreal Canada (State or country)

17 Informant George Mailor (Father)  
 (Address) 247 Maverick St. E.B.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter S. Baker  
 (Signature of Agent of Board of Health or other)  
 Health Officer (Official Designation) 1/13/47 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 11, 1947  
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 11, 1947, to Jan 13, 1947.  
 I last saw her alive on Jan 11, 1947, death is said to have occurred on the date stated above, at 4:50 a.m.  
 Immediate cause of death 4:50 am

Due to Pneumonia

Due to (7 mos)

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_ Date of \_\_\_\_\_

Of autopsy \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_

20 Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_  
 (Signed) Laurence Foxton, M. D.  
 (Address) 231 Maverick St. Date 1/13/47

21 Place of Burial, Cremation or Removal St. Michael's Boston (City or Town)

DATE OF BURIAL January 13, 1947

22 NAME OF FUNERAL DIRECTOR James J. Pisto  
 ADDRESS 204 Maverick St. E.B.

Received and filed \_\_\_\_\_ 19 \_\_\_\_\_

JAN 14 1947

(Registrar)



### SPACE FOR ADDITIONAL INFORMATION

be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m. (g.)-1-45-15510



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. **13**

1 PLACE OF DEATH  
*Suffolk*  
(County)  
*Winthrop*  
(City or Town)  
No. *67 Centre St Winthrop* St. (If death occurred in a hospital or institution, give its NAME instead of street and number)  
2 FULL NAME *Mary Ella (Gordon) Geesley*  
(If deceased is a married, widowed or divorced woman, give also maiden name.)  
(a) Residence. No. *67 Centre St* St. (If nonresident, give city or town and State)  
(Usual place of abode)  
Length of stay: In hospital or institution years months days. In this community *35* yrs. mos. days.  
(Before death) (Specify whether)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE (write the word)  
MARRIED  
WIDOWED  
OR DIVORCED *Widowed*  
5a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of *Gordon* (Husband's name in full)  
6 Age of husband or wife if alive years  
7 IF STILLBORN, enter that fact here.  
8 AGE *80* Years Months Days | If less than 1 day Hours Minutes  
9 Usual Occupation: *Home*  
10 Industry or Business:  
11 Social Security No.  
12 BIRTHPLACE (City) *Rampden*  
(State or country) *Maine*  
PARENTS  
13 NAME OF FATHER *Patrick Gordon*  
14 BIRTHPLACE OF FATHER (City) *Duland*  
(State or country)  
15 MAIDEN NAME OF MOTHER *Anne Finnigan*  
16 BIRTHPLACE OF MOTHER (City) *Ramptom*  
(State or country) *Maine*  
17 Informant *John Purley* Relation, if any  
(Address) *67 Centre St W. Son*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *January 14, 1947*  
(Month) (Day) (Year)  
19 I HEREBY CERTIFY, That I attended deceased from  
*Dec. 28, 1946, to Jan. 14, 1947*  
I last saw her alive on *Jan. 14, 1947*, death is said to  
have occurred on the date stated above, at *9:45 P.m.*  
Duration  
Immediate cause of death  
*Pulmonary edema*  
Due to *Congestive heart failure* *6 hours*  
Due to *Arteriosclerotic heart disease* *1 week*  
Other conditions (Include pregnancy within 8 months of death)  
Major findings:  
Of operations  
Of autopsy  
What test confirmed diagnosis?  
Physician  
Underline the cause to which death should be charged statistically.

IMPORTANT

IMPORTANT

20 Was disease or injury in any way related to occupation of deceased? *No.*  
If so, specify  
(Signed) *Arthur C. Morran* M. D.  
(Address) *Winthrop, Maine* Date *Jan. 16, 1947*

21 *Mrs. Pleasant Bangs* Name  
Place of Burial, Cremation or Removal (City or Town)  
DATE OF BURIAL *Jan. 16, 1947* 19

22 NAME OF FUNERAL DIRECTOR *Ruby Bras*  
ADDRESS *240 Winthrop St. Winthrop*

Received and filed *JAN 21 1947*  
(Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

*Walter S. Geesley*  
(Signature of Agent of Board of Health or other)  
*Health Officer* (Official Designation) *1/16/47* (Date of issue of Permit)



**EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE**

**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE \_\_\_\_\_

DATE OF DISCHARGE \_\_\_\_\_

RANK, RATING \_\_\_\_\_

ORGANIZATION AND OUTFIT \_\_\_\_\_

SERVICE NUMBER \_\_\_\_\_



should be carefully supplied. Age should be stated EXACTLY. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m. (R)-1-45-15510



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 11

1 PLACE OF DEATH  
Suffolk.  
(County)  
Winthrop.  
(City or Town)  
No. 125 Cliff Avenue

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Adelia Montaire  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT  
(Was deceased a  
U. S. War Veteran, no  
if so specify WAR)

(a) Residence, No. 125 Cliff Avenue  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution Rest home 4 years  
(Before death) (Specify whether)

months days. In this community 35 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE (write the word)  
MARRIED  
WIDOWED single  
or DIVORCED

5a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 93 Years 2 Months 14 Days | If less than 1 day  
Hours Minutes

Usual Occupation: retired

Industry  
10 or Business:

11 Social Security No. none

12 BIRTHPLACE (City) Bath  
(State or country) Maine

13 NAME OF FATHER Alexander Montaire

14 BIRTHPLACE OF FATHER (City) Waldoboro  
(State or country) Maine.

15 MAIDEN NAME OF MOTHER unable to obtain

16 BIRTHPLACE OF MOTHER (City) Maine  
(State or country)

17 Informant Katherine Royal, Relation If any (marriage)  
(Address) 10 Orlando ave by marriage

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

Walter H. Baker  
(Signature of Agent of Board of Health or other)

Health Officer 1/17/47  
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 15 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
Jan. 9 1947, to Jan. 14 1947  
I last saw her alive on Jan. 14, 1947 death is said to  
have occurred on the date stated above, at 6:40 a.m.

Immediate cause of death Chronic myocardi  
Generalized arterio sclerosis  
Duration 4 years  
IMPORTANT 15 years.

Due to

Due to

Other conditions none  
(Include pregnancy within 8 months of death)

IMPORTANT

Major findings:  
Of operations none

Of autopsy none

What test confirmed diagnosis? Clinical.

Physician

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

20 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) Sybil G. Robinson, M. D.  
(Address) Woodlawn Cem. Date 1/16 1947

21 Woodlawn Cemetery Everett Mass.  
Place of Burial, Cremation or Removal. (City or Town)  
DATE OF BURIAL January 17, 1947 19

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh  
ADDRESS 174 Winthrop St. Winthrop

Received and filed JAN 20 1947 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD  
 Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-303 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m. (b)-6-44-14607

## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSCOPY OF  
CERTIFICATE OF DEATH

Leicester  
 (City or town making return)

Registered No. 15

1 PLACE OF DEATH  
Leicester  
 (City or Town)  
Leicester State Hospital  
 No. \_\_\_\_\_ St. \_\_\_\_\_

2 FULL NAME Mary Williams  
 (If deceased is a married, widowed or divorced woman, give also maiden name.)  
 (a) Residence. No. 140 A Shirley St. Winthrop  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of stay: In hospital or institution 3 years 6 months 3 days. In this community yrs. mos. days.  
 (Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE Colored 5 SINGLE (write the word)  
 MARRIED  
 WIDOWED  
 or DIVORCED Widowed

5a If married, widowed, or divorced  
 HUSBAND of \_\_\_\_\_ (Give maiden name of wife in full)  
 (or) WIFE of Amos Williams  
 (Husband's name in full)

6 Age of husband or wife if alive \_\_\_\_\_ years

7 IF STILLBORN, enter that fact here.

8 AGE 65 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than 1 day  
 Hours \_\_\_\_\_ Minutes \_\_\_\_\_

9 Occupation: Housework

10 or Business: \_\_\_\_\_

11 Social Security No. none12 BIRTHPLACE (City) Alabama  
(State or country)13 NAME OF FATHER Cannot be learned14 BIRTHPLACE OF FATHER (City) Cannot be learned  
(State or country)15 MAIDEN NAME OF MOTHER Cannot be learned16 BIRTHPLACE OF MOTHER (City) Cannot be learned  
(State or country)17 Informant Mary K. McPhillips Relation, if any  
(Address) Hilltoppe Mass.

A TRUE COPY.

ATTEST: Christina Jones  
(Registrar of city or town where death occurred)DATE FILED Feb. 3 1947

18 DATE OF DEATH January 15, 1947  
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
Feb. 4, 1946, to Jan. 15, 1947I last saw him alive on Jan. 15, 1947, death is said to  
have occurred on the date stated above, at 11.20 p.m.Immediate cause of death Cerebral Hemorrhage Duration 9 mo.Due to Generalized Arteriosclerosis 7 yrs.

Due to \_\_\_\_\_

Other conditions.  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_

Date of \_\_\_\_\_

Of autopsy \_\_\_\_\_

What test confirmed diagnosis? Clinical20 Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) James J. Sullivan M. D.(Address) Waltham Mass. Date Jan. 24, 194721 PLACE OF BURIAL, CREMATION OR REMOVAL Russellville, Alabama  
(Cemetery) (City or Town)DATE OF BURIAL Jan. 26 194722 NAME OF FUNERAL DIRECTOR Clarence P. Lyons  
ADDRESS Leicester, Mass.Received and filed FEB 7 1947 19

(Registrar of City or Town where deceased resided)





WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD  
 Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts  
 OFFICE OF THE SECRETARY  
 DIVISION OF VITAL STATISTICS  
 COPY OF  
 CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 570 16

1 PLACE OF DEATH  
 Suffolk  
 (County)  
 Boston  
 (City or Town)  
 No. Mass. General Hospital



St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nellie Belcher  
 (If deceased is a married, widowed or divorced woman, give also maiden name.)  
 (a) Residence. No. 77 Cottage Ave. St. Winthrop Mass.  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of stay: In hospital or institution. years months 2 days. In this community yrs. mos. 2 days.  
 (Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Clarence A. Belcher (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 85 Years Months Days If less than 1 day Hours Minutes

Usual Occupation: At Home

Industry or Business: Housework

11 Social Security No. None

12 BIRTHPLACE (City) Nova Scotia (State or country)

PARENTS

13 NAME OF FATHER John Rafuse

14 BIRTHPLACE OF FATHER (City) Nova Scotia (State or country)

15 MAIDEN NAME OF MOTHER Cannot be learned

16 BIRTHPLACE OF MOTHER (City) Nova Scotia (State or country)

17 Informant Mrs D. Minge Granddaughter (Address) (Relation, if any)

A TRUE COPY.

ATTEST: Michael Manning (Registrar of city or town where death occurred)

DATE FILED Jan. 20/47 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan/17/47 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan/15/47, 19 to Jan/17/47, 19 I last saw her alive on Jan/17/47, death is said to have occurred on the date stated above, at 11:20AM.

Immediate cause of death. Carcinoma of gall bladder Duration 5 Weeks

Due to Rupture of gall bladder 24 Hrs

Due to Peritonitis, generalized 24 Hrs

Other conditions. Hypertensive heart disease (Include pregnancy within 3 months of death)

Major findings: None Of operations Date of Underline the cause to which death should be charged statistically.

Of autopsy What test confirmed diagnosis? autopsy

20 Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) J S Lichty (Address) Mass. General Hospt Date 1-17-19 M. D. 47

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cem-Winthrop Mass. (Cemetery) (City or Town)

DATE OF BURIAL Jan/21/47 19

22 NAME OF FUNERAL DIRECTOR A A Duncan ADDRESS Somerville Mass.

Received and filed JAN 31 1947 19 (Registrar of City or Town where deceased resided)






N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
1	Suffolk County Wentworth (City or Town)			Registered No. 18	
No. Wentthrop Community Hospital				St. (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Baby Girl Fielding (If deceased is a married, widowed or divorced woman, give also maiden name.)		50 Princeton St (a) Residence, No. (Usual place of abode)		St. (If nonresident, give city or town and State)	
Length of stay: In hospital or institution (Before death)		Hospital (Specify whether)		years months days. In this community yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX Female	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single			
5a If married, widowed, or divorced HUSBAND of		(Give maiden name of wife in full)			
(or) WIFE of		(Husband's name in full)			
6 Age of husband or wife if alive		years			
7 IF STILLBORN, enter that fact here.		Stillborn			
8 AGE Years Months Days		If less than 1 day Hours Minutes			
9 Occupation: Usual		None			
10 or Business:		None			
11 Social Security No.		None			
12 BIRTHPLACE (City) (State or country)		Wentworth			
PARENTS	13 NAME OF FATHER		Joseph F. Fielding		
	14 BIRTHPLACE OF FATHER (City) (State or country)		East Boston Mass		
	15 MAIDEN NAME OF MOTHER		Eileen Bradley		
	16 BIRTHPLACE OF MOTHER (City) (State or country)		East Boston Mass		
17 Informant (Address)		Joseph F. Fielding, 50 Princeton St, E.B.			
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Walter H. Bakke (Signature of Agent of Board of Health or other Health Officer) (Official Designation)					
DATE OF ISSUE OF PERMIT 1/20/47					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH		Jan 18, 1947 (Month) (Day) (Year)			
19 I HEREBY CERTIFY that I attended deceased from		Jan 18, 1947 to Jan 18, 1947			
I last saw him alive on		1/18/47			
death is said to have occurred on the date stated above, at		11:30 A.M.			
Immediate cause of death		Still born			
Due to		Erythroblastosis			
Due to		Erythroblastosis			
Other conditions		RH negative Mom			
(Include pregnancy within 8 months of death)					
Major findings: Of operations					
Of autopsy		Date of			
What test confirmed diagnosis?		Blood Test			
20 Was disease or injury in any way related to occupation of deceased? If so, specify		No			
(Signed)		George H. Schwartz M. D.			
(Address)		12 Princeton St E.B. Date 1/19/47			
21 Place of Burial, Cremation or Removal		Holy Cross Malden (City or Town)			
DATE OF BURIAL		Jan 20, 1947			
22 NAME OF FUNERAL DIRECTOR		Charles H. Treason			
ADDRESS		East Boston			
Received and filed		19			
		JAN 23 1947 (Registrar)			

**EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE  
RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE \_\_\_\_\_

DATE OF DISCHARGE \_\_\_\_\_

RANK, RATING \_\_\_\_\_

ORGANIZATION AND OUTFIT \_\_\_\_\_

SERVICE NUMBER \_\_\_\_\_



N.B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. EVERY ITEM OF information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-9-44-14955

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

No. Winthrop Community Hospital

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No.

19

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number) }

2 FULL NAME Female Fraher  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

**PHYSICIAN - IMPORTANT**  
(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence. No. 69 Fremont St  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution 4 days years months 1 days.  
(Before death) (Specify whether) 22 hrs 15 min

In this community yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White5 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCEDSingle5a If married, widowed or divorced  
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE Years Months Days 22 Hours 15 Minutes

9 Occupation:

10 Industry  
or Business:

11 Social Security No.

12 BIRTHPLACE (City)  
(State or Country)Winthrop  
Massachusetts13 NAME OF  
FATHERThomas Fraher14 BIRTHPLACE OF  
FATHER (City)  
(State or Country)Roxbury  
Massachusetts15 MAIDEN NAME  
OF MOTHERAlice F. Sears16 BIRTHPLACE OF  
MOTHER (City)  
(State or Country)Boston  
Massachusetts17 Informant  
(Address)Thomas Fraher (Father)  
69 Fremont St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed  
with me BEFORE the burial or transit permit was issued:

Walter F. Baker  
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on

have occurred on the date stated above, at

Immediate cause of death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

21 Place of Burial, Cremation or Removal.

DATE OF BURIAL

22 NAME OF  
FUNERAL DIRECTOR

ADDRESS

Received and Filed

JAN 23 1947

(Registrar)

Duration

IMPORTANT

240

240

IMPORTANT

Physician

Underline  
the cause to  
which death  
should be  
charged

19



EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

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RULES OF PRACTICE

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-9-44-14955

PLACE OF DEATH

No.

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of stay: In hospital or institution  
(Before death)

(Specify whether)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

Registered No.

To be filed for burial permit  
with Board of Health  
or its Agent.

20

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

PHYSICIAN-IMPORTANT

{ (Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(If nonresident, give city or town and State)

In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED  
WIDOWED  
or DIVORCED

5a If married, widowed or divorced  
HUSBAND of.

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)  
(State or Country)

13 NAME OF  
FATHER

14 BIRTHPLACE OF  
FATHER (City)  
(State or Country)

15 MAIDEN NAME  
OF MOTHER

16 BIRTHPLACE OF  
MOTHER (City)  
(State or Country)

17

Informant  
(Address)

(Relation if any)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed  
with me BEFORE the burial or transit permit was issued.

(Signature of Agent of Health or other)  
H.O.  
(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Jan 20, 1947, to Jan 20, 1947.  
I last saw him on Jan 20, 1947, death is said to

have occurred on the date stated above, at 6.05 P. m.

Immediate cause of death

Death in utero - Premature  
Separation of Placenta

Due to

Cerebral hemorrhage

Due to

Accidental asphyxia

Other conditions

(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Date

21 Place of Burial, Cremation or Removal.

DATE OF BURIAL

22 NAME OF  
FUNERAL DIRECTOR

ADDRESS

Received and Filed

JAN 23 1947

(Registrar)

Duration  
IMPORTANT

2 mos  
6 mos

IMPORTANT

Physician

Underline  
the cause to  
which death  
should be  
charged statistically.



EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

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SPACE FOR ADDITIONAL INFORMATION



WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD  
Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

The Commonwealth of Massachusetts

Boston

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF  
CERTIFICATE OF DEATH

Registered No. 75521

PLACE OF DEATH  
1

Suffolk

(County)

Boston

(City or Town)

No. U.S. Marine Hospt

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank Leonard  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran, specify WAR) Spanish American

(a) Residence. No. 111 Sunnyside Ave.  
(Usual place of abode)

St. Winthrop Mass  
(If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days In this community 44 yrs. mos. days. 1 hr and 50 mins.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word) MARRIED Married

5a If married, widowed, or divorced HUSBAND of Maude George  
(Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 57 years

7 IF STILLBORN, enter that fact here.

8 AGE 64 Years 7 Months 5 Days | If less than 1 day Hours Minutes

Usual Occupation: Veteran Foreman

Industry Boston Army Base  
10 or Business:

11 Social Security No. 012-20-6650

12 BIRTHPLACE (City) Johnson City Tenn.  
(State or country)

PARENTS

13 NAME OF FATHER Burke Leonard

14 BIRTHPLACE OF FATHER (City) New Jersey  
(State or country)

15 MAIDEN NAME OF MOTHER Catherine Short

16 BIRTHPLACE OF MOTHER (City) Unable to learn  
(State or country)

17 Informant (Address) Clinical Registrar (Relation, if any) (Records)

A TRUE COPY.

ATTEST: Michael J. Manning  
(Registrar of city or town where death occurred)

DATE FILED Jan. 27/47 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. 21/47  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 21, 19 47, to Jan. 21/47  
I last saw him alive on Jan. 21/47, death is said to have occurred on the date stated above, at 11 PM m.

Immediate cause of death Myocardial Infarction Duration Unknown

Due to Arterio Sclerotic Coronary Unknown

Due to

Other conditions (Include pregnancy within 3 months of death) Physician

Major findings: Of operations Underline the cause to which death should be charged statistically.

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) T. H. Flynn, M. D.  
(Address) U.S. Marine Hospt. Datal-22 19 47

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cem-Winthrop Mass.  
(Cemetery) (City or Town)

DATE OF BURIAL Jan. 24/47 19

22 NAME OF FUNERAL DIRECTOR H S Reynolds  
ADDRESS Winthrop Mass.

Received and filed JAN 31 1947 19

(Registrar of City or Town where deceased resided)

Entered Service Sept. 6, 1901  
Discharged Sept. 9, 1910  
Musician  
7th Co. Coast Art. Corps



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-40-D-729-a

PLACE OF DEATH

*Suffolk*  
(County)  
*Wintthrop*  
(City or Town)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. *22*

No. *44 Coral Ave. Wintthrop* St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Amie Schan*  
(If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. *44 Coral Ave* St. *Wintthrop, Mass*  
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days. In this community \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days.  
(Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE (write the word) *Married*  
MARRIED  
WIDOWED  
or DIVORCED

5a If married, widowed, or divorced HUSBAND of \_\_\_\_\_  
(Give maiden name of wife in full)

(or) WIFE of *Isaac Schan*  
(Husband's name in full)

6 Age of husband or wife if alive *53* years

7 IF STILLBORN, enter that fact here.

8 AGE *51* Years \_\_\_\_\_ Months \_\_\_\_\_ Days If less than 1 day \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

9 Occupation *Housewife*

10 Industry *at home*  
or Business: *none*

11 Social Security No. \_\_\_\_\_

12 BIRTHPLACE (City) *Russia*  
(State or country)

13 NAME OF FATHER *Hyman Cohen*

14 BIRTHPLACE OF FATHER (City) *Russia*  
(State or country)

15 MAIDEN NAME OF MOTHER *Edith Schreder*

16 BIRTHPLACE OF MOTHER (City) *Russia*  
(State or country)

17 *Isaac Schan* Relation, if any

Informant (Address) *44 Coral Ave. Wintthrop*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

*Walter H. Baker*  
(Signature of Agent of Board of Health or other)

*Health Officer* (Official Designation) *1/23/47* (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *January 22 1947*  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *November 1945* to *January 22 1947*

I last saw him alive on *January 22 1947*, death is said to have occurred on the date stated above, at *5:15 P.M.*

Immediate cause of death *Coronary Heart Disease*

Due to *Acute Myocardial Infarct*

Due to \_\_\_\_\_

Other conditions *Adenoma of sigmoid*

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations *none* Date of \_\_\_\_\_

Of autopsy *as above*

What test confirmed diagnosis? *post-mortem exam & clinical findings*

20 Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) *Isaac Schan* M. D.  
(Address) *393 Brookington Ave. Wintthrop* Date *1/23/47*

21 Place of Burial, Crematorium, or other place of interment *Wintthrop Cemetery*

DATE OF BURIAL *Jan. 23 1947*

22 NAME OF FUNERAL DIRECTOR *Isaac Schan*

ADDRESS *393 Brookington Ave. Wintthrop*

Received and filed \_\_\_\_\_ 19 \_\_\_\_\_

JAN 23 1947

(Registrar)



## GOVERNING THE RETURN OF CERTIFICATES OF DEATH

No undertaker for other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker, or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

(3) Medical examiners will investigate and certify on all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Provide statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-3-5-15510



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 23

1 PLACE OF DEATH  
Suffolk  
(County)  
Winthrop  
(City or Town)  
No. 7 Elmwood Court

2 FULL NAME Catherine A. Haley (Coyne)  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 7 Elmwood Court  
(Usual place of abode)

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

Length of stay: In hospital or institution (Before death) years months days. In this community 30 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)  
MARRIED WIDOWED or DIVORCED Widowed

5a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of Edward A. Haley  
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 71 Years Months Days If less than 1 day  
Hours Minutes

9 Occupation: Housewife

10 Industry Own Home  
or Business:

11 Social Security No. 12 BIRTHPLACE (City)  
(State or country) South Boston  
Massachusetts

13 NAME OF FATHER Michael Coyne

14 BIRTHPLACE OF FATHER (City)  
(State or country) Ireland

15 MAIDEN NAME OF MOTHER Ellen Welch

16 BIRTHPLACE OF MOTHER (City)  
(State or country) Ireland

17 Informant Henry Haley (son)  
(Address) 7 Elmwood Court Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent or Board of Health or other)  
Walter G. Baker  
(Official Designation) (Date of Issue of Permit) 1/25/47

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 23 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from  
Dec 1946 to Jan 23 1947

I last saw her alive on Jan 23 1947, death is said to  
have occurred on the date stated above, at 4:00 P. m.

Immediate cause of death Cachexia

Duration

IMPORTANT

Due to Tuberculosis Renal 2 1/2 years

Due to

Other conditions  
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:  
Of operations

Physician

Date of

Of autopsy

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) H. G. Baker M. D.

(Address) 47 Daley St. Date Jan 23 1947

21 St. Mary's Lynn  
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL January 27 1947

22 NAME OF FUNERAL DIRECTOR John J. O'Malley

ADDRESS Winthrop Mass.

Received and filed

JAN 29 1947

(Registrar)



EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-9-44-14955

PLACE OF DEATH

Suffolk  
(County)

Winthrop  
(City or Town)

No. Winthrop Community Hospital

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No.

21

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number) }

2 FULL NAME John Otto Broberg  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 14 Belcher Street  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp. years months 1 days. In this community 17 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

5a If married, widowed or divorced Hilda Reynholds  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 58 years

7 IF STILLBORN, enter that fact here.

8 AGE 72 Years 2 Months 12 Days If less than 1 day Hours Minutes

Usual Occupation: Captain (Retired)

Industry or Business: Ferry Boat

11 Social Security No. 021-14-1411

12 BIRTHPLACE (City) (State or Country) Sweden

13 NAME OF FATHER Johan Kristenson (OK)

14 BIRTHPLACE OF FATHER (City) (State or Country) Sweden

15 MAIDEN NAME OF MOTHER Amalia Johanson

16 BIRTHPLACE OF MOTHER (City) (State or Country) Sweden

17 Informant Hilda Broberg (Relation if any) (Address) 14 Belcher St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter H. Baker  
(Signature of Agent of Board of Health or other)  
Health Officer (Official Designation)  
1/27/47 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 25, 1947  
(Month) (Day) (Year)

19 47 I HEREBY CERTIFY, That I attended deceased from December 9, 1945, to January 25, 1947  
I last saw him alive on January 25, 1947, death is said to have occurred on the date stated above, at 11:40 A. M.

Immediate cause of death Hypertensive and Arteriosclerotic heart disease with cardiac decompensation

Due to Bronchial Asthma, Chronic Cholecystitis

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: None  
Of operations

Date of Of autopsy None  
What test confirmed diagnosis? Clinical + Laboratory

20 Was disease or injury in any way related to occupation of deceased? No  
If so, specify (Signed) Maurice Traustein Jr. M. D.  
(Address) 562 Chelley St, Winthrop Date Jan 25, 1947

21 Winthrop Winthrop  
Place of Burial, Cremation or Removal. (City or Town)  
DATE OF BURIAL Jan 28 1947

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds  
ADDRESS Winthrop, Mass.

Received and Filed JAN 29 1947 19

(Registrar)

Duration  
IMPORTANT  
1 1/2 years

5 years  
6 months

IMPORTANT

Physician

Underline the cause to which death should be charged statistically.

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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RULES OF PRACTICE

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION



WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m. (b) - 6-44-14607

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

COPY OF  
CERTIFICATE OF DEATH

*Lanvers*  
(City or town making return)

Registered No. *25*

PLACE OF DEATH

*Essex*  
(County)



*Lanvers*  
(City or Town)

No. *Lanvers State Hospital*

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Charles Markell*  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran, specify WAR)

(a) Residence. No. *173 Shirley*  
(Usual place of abode)

St. *Winthrop*  
(If nonresident, give city or town and State)

Length of stay: In hospital or institution *5* years *1* month *20* days. In this community yrs. mos. days.  
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE (write the word) *Married*  
MARRIED  
WIDOWED  
OR DIVORCED

5a If married, widowed or divorced HUSBAND of *Josephine Looney*  
(Give maiden name of wife in full)  
(or) WIFE of *Josephine Looney*  
(Husband's name in full)

6 Age of husband or wife If alive *Cannot be learned*

7 IF STILLBORN, enter that fact here.

8 AGE *73* Years Months Days If less than 1 day Hours Minutes

Usual Occupation: *Ash Collector (retired)*

Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) *Turkey*  
(State or country)

13 NAME OF FATHER *Martin Markell*

14 BIRTHPLACE OF FATHER (City) *Turkey*  
(State or country)

15 MAIDEN NAME OF MOTHER *Mary Leonohue*

16 BIRTHPLACE OF MOTHER (City) *Turkey*  
(State or country)

17 Informant *Mary McPhillips* Relation, if any *(Address) Hathorne Mass.*

A TRUE COPY.

ATTEST: *(Signature)*  
(Registrar of city or town where death occurred)

DATE FILED *Feb. 5* 19*47*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Jan. 26* 19*47*  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *Dec. 6* 19*41*, to *Jan. 26* 19*47*.  
I last saw him alive on *Jan. 26* 19*47*. death is said to have occurred on the date stated above, at *6.15 a.m.*

Immediate cause of death *Arterio sclerotic heart disease* Duration *7 yrs.*

Due to

Due to

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis? *Clinical*

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Reginald Beaumont* M. D.  
(Address) *Hathorne Mass.* Date *1/3/19 47*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Winthrop Cem. Winthrop*  
(Cemetery) (City or Town)

DATE OF BURIAL *Jan. 29* 19*47*

22 NAME OF FUNERAL DIRECTOR *Howard S. Reynolds*  
ADDRESS *Winthrop Mass.*

Received and filed *FEB 7* 19*47*

(Registrar of City or Town where deceased resided)







EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



If deceased was a U. S. War Veteran, G. L. Chap. 46, Sec. 10, requires physicians to insert a recital to that effect.  
(sent Sec. 4/10/47)

100m-(1) 1-15-15510

PLACE OF DEATH

Suffolk  
(County)

Winthrop  
(City or Town)

No. 46 Washington Ave.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD

CERTIFICATE OF DEATH

Registrar's No.

27

2 FULL NAME Amelia W (Freehoffer) Hodgen  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 36 Lewis Ave.  
(Usual place of abode)

St. \_\_\_\_\_  
(If nonresident, give city or town and State)

Length of stay: In hospital or Institution 1 years 16 months 6 days.  
(Before death) (Specify whether)

In this community 25 yrs. mos. days.

PHYSICIAN-IMPORTANT  
(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)  
MARRIED  
WIDOWED Divorced  
or DIVORCED

5a If married, widowed, or divorced  
HUSBAND of Isaac Hodgen  
(Give maiden name of wife in full)  
(or) WIFE of \_\_\_\_\_  
(Husband's name in full)

6 Age of husband or wife if alive \_\_\_\_\_ years

7 IF STILLBORN, enter that fact here.

8 AGE 85 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
If less than 1 day  
Hours \_\_\_\_\_ Minutes \_\_\_\_\_

9 Occupation: At Home

10 Industry \_\_\_\_\_  
or Business: \_\_\_\_\_

11 Social Security No. none

12 BIRTHPLACE (City) Unable to obtain  
(State or country) Conn.

13 NAME OF FATHER John E Freehoffer

14 BIRTHPLACE OF FATHER (City) \_\_\_\_\_  
(State or country) Germany

15 MAIDEN NAME OF MOTHER Louise Scharman

16 BIRTHPLACE OF MOTHER (City) \_\_\_\_\_  
(State or country) Germany

17 Informant Jennie E Tierny Niece (Relation, if any)  
(Address) 715 West St Pittsfield Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter H. Baker  
(Signature of Agent of Board of Health or other)  
Health Officer (Date of Issue of Permit) 3/1/47

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 30 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1940, to Jan 30, 1947  
I last saw her alive on Jan 30, 1947, death is said to have occurred on the date stated above, at 1 P M.

Immediate cause of death

Chronic myocarditis

Due to Hypertension

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Date of \_\_\_\_\_

Of autopsy \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

Duration  
IMPORTANT  
1 year

3 years

IMPORTANT

Physician  
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) Louis J Salerno, M. D.  
(Address) 175 Pleasant St Date Jan 31 1947

21 Winthrop Winthrop  
Place of Burial, Cremation or Removal. (City or Town)  
DATE OF BURIAL Feb. 1 1947

22 NAME OF FUNERAL DIRECTOR Howard S. Gray  
ADDRESS Winthrop Mass.

Received and filed \_\_\_\_\_ 19 \_\_\_\_\_

FEB 7 1947

(Registrar)

A TRUE COPY ATTEST:

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION \_\_\_\_\_

DATE OF ENTERING MILITARY SERVICE \_\_\_\_\_

DATE OF DISCHARGE \_\_\_\_\_

RANK, RATING \_\_\_\_\_

ORGANIZATION AND OUTFIT \_\_\_\_\_


SERVICE NUMBER \_\_\_\_\_



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

50m-(f)-6-43-12056

<p>1 PLACE OF DEATH</p>		<p>Suffolk (County)</p> <p>East Boston (City or Town)</p> <p>No. <i>En route to Winthrop Community Hospital</i></p>				<p>The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS MEDICAL EXAMINER'S CERTIFICATE OF DEATH</p>		<p>To be filed for burial permit with Board of Health or its Agent.</p> <p>Registered No. <i>28</i></p>	
		<p>2 FULL NAME <i>Mary Salemi</i></p> <p>(If deceased is a married, widowed or divorced woman, give also maiden name.)</p> <p>(a) Residence. No. <i>5 Airport St. E. B.</i> St. <i>E. B.</i></p> <p>(Usual place of abode) (If nonresident, give city or town and State)</p> <p>Length of stay: In hospital or institution <i>30</i> years months days. In this community <i>30</i> yrs. mos. days.</p> <p>(Before death) (Specify whether)</p>				<p><b>PHYSICIAN—IMPORTANT</b></p> <p>(Was deceased a U. S. War Veteran, if so specify WAR) <i>yes</i></p>			
PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH				
<p>3 SEX <i>Female</i></p> <p>4 COLOR OR RACE <i>White</i></p> <p>5 SINGLE (write the word) <i>Married</i> MARRIED WIDOWED OR DIVORCED</p>		<p>6 Age of husband or wife if alive <i>54</i> years</p> <p>7 IF STILLBORN, enter that fact here.</p> <p>8 AGE <i>55</i> Years Months Days If less than 1 day Hours Minutes</p> <p>9 Occupation: <i>House work</i></p> <p>Industry <i>At home</i></p> <p>10 or Business: <i>none</i></p> <p>11 Social Security No. <i>none</i></p> <p>12 BIRTHPLACE (City) <i>Italy</i> (State or country)</p>			<p>18 DATE OF DEATH <i>1/31</i> (Month) <i>47</i> (Day) (Year)</p> <p>19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) <i>Probably Arteriosclerotic Heart Disease</i></p> <p>20 Accident, suicide, or homicide (specify) Date of occurrence <i>19</i> Where did injury occur? (City or town and State) Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place) Manner of injury Nature of injury While at work? Was there an autopsy?</p> <p>21 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <i>A. R. M. inf</i>, M. D. (Address) <i>25 Chestnut</i> Date <i>2/6 1947</i></p> <p>22 <i>Holy Cross</i> <i>Boston</i> <i>Malden</i> Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL <i>Feb. 4 - 47</i> 19</p> <p>23 NAME OF FUNERAL DIRECTOR <i>Valley Funeral Home</i> ADDRESS <i>9 Chelsea St. East Boston</i> Received and filed <i>19</i> <i>FEB 7 1947</i> (Registrar)</p>				
<p><b>PARENTS</b></p> <p>13 NAME OF FATHER <i>Angelo Pagliuoa</i></p> <p>14 BIRTHPLACE OF FATHER (City) <i>Italy</i> (State or country)</p> <p>15 MAIDEN NAME OF MOTHER <i>Matilda Anzalone</i></p> <p>16 BIRTHPLACE OF MOTHER (City) <i>Italy</i> (State or country)</p> <p>17 Informant <i>Joseph Salemi</i> (Relation if any) <i>husband</i> (Address) <i>5 Airport St. East Boston</i></p> <p>I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued: <i>Walter O. Baker</i> (Signature of Agent of Board of Health or other) <i>40</i> (Official Designation) <i>Feb 3 1947</i> (Date of Issue of Permit)</p>									

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE  
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; ...—General Laws, Chap. 38, Sec. 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

#### STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gss bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

#### DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT



WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD  
Copies of returns of deaths recorded during the previous month which should be made forthwith and transmitted on Form R-302 to the clerk  
resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk  
of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

Boston

(City or town making return)

COPY OF  
CERTIFICATE OF DEATH

Registered No. 92529

1 PLACE OF DEATH  
Suffolk  
(County)  
Boston  
(City or Town)  
No. Magnolia Rest Home Magnolia St



St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Ida Minson  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.  
War Veteran,  
specify WAR)

(a) Residence. No. 41 Ocean Ave. St. Winthrop Mass.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution years 3 months days. In this community yrs. 3 mos. days.  
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED widow

5a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of Joseph Minson  
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 90 Years Months Days If less than 1 day  
Hours Minutes

Usual  
9 Occupation: Housework

Industry  
10 or Business: At Home

11 Social Security No. None

12 BIRTHPLACE (City) Russia  
(State or country)

PARENTS

13 NAME OF FATHER Morris Bassman

14 BIRTHPLACE OF FATHER (City) Russia  
(State or country)

15 MAIDEN NAME OF MOTHER Bessie

16 BIRTHPLACE OF MOTHER (City) Russia  
(State or country)

17 Informant N Sandler (Grandson)  
(Address)

A TRUE COPY Michael J. Manning

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Jan. 30 19 47

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. 28/47  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
19 to 19  
I last saw h alive on 19 death is said to  
have occurred on the date stated above, at 7:40AM m. Duration

Immediate cause of death  
Post Mortem Diagnosis

Due to Senility 20 Yrs

Due to Gen. Arterio Sclerosis 20 Yrs

Other conditions (Include pregnancy within 3 months of death) Physician

Major findings:  
Of operations Date of Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

What test confirmed diagnosis? No  
20 Was disease or injury in any way related to occupation of deceased?

If so, specify A Mills M. D.  
(Signed) Boston Mass Date 1-28 19 47  
(Address)

21 PLACE OF BURIAL, Mt. Lebanon Polonnoe West Rox.  
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL Jan. 29/47 19

22 NAME OF FUNERAL DIRECTOR B Birnbach  
ADDRESS Dorchester Mass

Received and filed FEB 15 1947 19

(Registrar of City or Town where deceased resided)





MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

30m-(b)-6-44-14607

Middlesex

(County)  
Tewksbury, Mass.

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

Tewksbury State Hospital  
and Infirmary

(City or town making return)

1 PLACE OF DEATH

No.

(City or Town)  
Tewksbury State Hospital and InfirmarySt. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

Registered No. 42 30

2 FULL NAME

John Curtis

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

59 Summit Avenue

(Usual place of abode)

- St.

Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

11 years 1 months 3 days.

In this community

yrs.

mos.

days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED  
WIDOWED  
or DIVORCED

Married

5a If married, widowed, or divorced,

HUSBAND of

Elizabeth Thompson

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

Not learned

years

7 IF STILLBORN, enter that fact here.

8

AGE 53 Years 2 Months 3 Days

If less than 1 day

Hours Minutes

Usual

9 Occupation:

Cabinet Maker

Industry

10 or Business:

11 Social Security No.

None

12 BIRTHPLACE (City)

Quincy

(State or country)

Mass.

13 NAME OF

FATHER

Noah Curtis

14 BIRTHPLACE OF

FATHER (City)

Quincy

(State or country)

Mass.

15 MAIDEN NAME

OF MOTHER

Abigail Chamberlain

16 BIRTHPLACE OF

MOTHER (City)

Quincy

(State or country)

Mass.

PARENTS

17

Informant

(Address)

Hospital Records

Relation, if any

A TRUE COPY.

C. Winthrop Houghton - Sup.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Jan. 29, 1947

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATH

Jan.

29

1947

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from  
Dec. 26, 1945, to Jan. 29, 1947.I last saw him alive on Jan. 28, 1947, death is said to  
have occurred on the date stated above, at 4:15 A.M.

Duration

Immediate cause of death

Acute Coronary Thrombosis

Sudden

Due to Arteriosclerosis  
Post-Encephalalitis

Yrs.

Due to Parkinsonian

Yrs.

Other conditions

(Include pregnancy within 3 months of death)

Physician

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

No

(Signed)

Frank J. Helfetz

M. D.

(Address)

T. S. H. &amp; L., Tewksbury

Date 1/29 1947

21 PLACE OF BURIAL,  
CREMATION OR REMOVAL

t. Wollaston, Quincy

(Cemetery)

(City or Town)

DATE OF BURIAL

Jan. 31,

1947

22 NAME OF

FUNERAL DIRECTOR

John Hall Funeral Home

ADDRESS

Quincy, Mass.

Received and filed

MAR 6 1947

19

(Registrar of City or Town where deceased resided)





should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m(j)-1-44-13634

<p>1 PLACE OF DEATH</p> <p>Suffolk (County)</p> <p>Winthrop (City or Town)</p> <p>No. 46 Washington Ave</p>		<p>The Commonwealth of Massachusetts</p> <p>OFFICE OF THE SECRETARY</p> <p>DIVISION OF VITAL STATISTICS</p> <p>STANDARD</p> <p>CERTIFICATE OF DEATH</p>		<p>To be filed for burial permit with Board of Health or its Agent.</p> <p>Registered No. 31</p>	
<p>2 FULL NAME Etta May (Nickerson) Chase.</p> <p>(If deceased is a married, widowed or divorced woman, give also maiden name.)</p> <p>(a) Residence. No. South Chatham Mass.</p> <p>(Usual place of abode)</p> <p>Length of stay: In hospital or institution nursing home 5 years 5 months days.</p> <p>(Before death) (Specify whether)</p>		<p>St. South Chatham Mass</p> <p>(If nonresident, give city or town and State)</p>		<p>PHYSICIAN - IMPORTANT</p> <p>(Was deceased a U. S. War Veteran, if so specify WAR) No</p>	
<p>PERSONAL AND STATISTICAL PARTICULARS</p>			<p>MEDICAL CERTIFICATE OF DEATH</p>		
<p>3 SEX female</p> <p>4 COLOR OR RACE white</p> <p>5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED widowed</p> <p>5e If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Zebina S. Chase (Husband's name in full)</p> <p>6 Age of husband or wife if alive years</p> <p>7 IF STILLBORN, enter that fact here.</p> <p>8 AGE 84 Years 8 Months 13 Days If less than 1 day Hours Minutes</p> <p>9 Usual Occupation: retired</p> <p>10 Industry or Business: housewife</p> <p>11 Social Security No. none</p> <p>12 BIRTHPLACE (City) Chatham Mass. (State or country)</p>			<p>18 DATE OF DEATH February 2, 1947 (Month) (Day) (Year)</p> <p>19 I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1946, to Feb. 2, 1947. I last saw him alive on Feb. 1, 1947, death is said to have occurred on the date stated above, at 1 A. m. Immediate cause of death. Chronic Myocarditis Hypertension</p> <p>Other conditions. Senility (Include pregnancy within 3 months of death)</p> <p>Major findings: Of operations</p> <p>Of autopsy</p> <p>What test confirmed diagnosis?</p>		
<p>PARENTS</p> <p>13 NAME OF FATHER Darius Nickerson</p> <p>14 BIRTHPLACE OF FATHER (City) Harwich Mass. (State or country)</p> <p>15 MAIDEN NAME OF MOTHER Esther Ireland</p> <p>16 BIRTHPLACE OF MOTHER (City) Harwich Mass. (State or country)</p>			<p>20 Was disease or injury in any way related to occupation of deceased? No If so, specify Louis J. Salerno M. D. (Address) 125 Pleasant St. Date Feb. 3, 1947</p> <p>21 Evergreen Cemetery E. Harwich Mass. (City or Town) DATE OF BURIAL Feb. 4, 1947</p> <p>22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh ADDRESS 174 Winthrop St. Winthrop</p>		
<p>17 Informant Preston L. Chase (Relation, if any) (Address) 270 Winthrop St. Winthrop</p> <p>I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:</p> <p>Walton S. Baker (Signature of Agent of Board of Health or other) (Official Designation) Health Officer (Date of Issue of Permit) 2/3/47</p>			<p>Received and filed FEB 7 1947 (Registrar)</p>		

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten or chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD; every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

50m. (f.) 6-43:12056

1 PLACE OF DEATH

*Suffolk*  
(County)  
*Winthrop Mass*  
(City or Town)

No.

*Royalty of Columbus Hall - Winthrop Ave - Winthrop*

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. *32*

Death occurred in a hospital or institution,  
(give its NAME instead of street and number)

2 FULL NAME

*George O'Connell*  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT

(Was deceased a  
U. S. War Veteran,  
If so specify WAR)

(a) Residence, No.

*12 Broom St*  
(Usual place of abode)

St.

*Salem*  
(If nonresident, give city or town and State)

Length of stay: In hospital or institution  
(Before death)

(Specify whether)

years

months

days

In this community

yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

*Male*

4 COLOR OR RACE

*White*

5 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED  
*Married*

5a If married, widowed, or divorced  
HUSBAND of

(or) WIFE of

*Delta Cecilia Leary*  
(Give maiden name of wife in full)  
(Husband's name in full)

6 Age of husband or wife if alive

*60*

years

7 IF STILLBORN, enter that fact here.

8

AGE

*70*

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

*Danvers State Hospital*

Industry

10 or Business:

*Retired Aug 1 - 1946*

11 Social Security No.

12 BIRTHPLACE (City)  
(State or country)

*Providence Mass*

13 NAME OF  
FATHER

*John W. O'Connell*

14 BIRTHPLACE OF  
FATHER (City)  
(State or country)

*Ireland*

15 MAIDEN NAME  
OF MOTHER

*Mary A Sullivan*

16 BIRTHPLACE OF  
MOTHER (City)  
(State or country)

*Ireland*

PARENTS

17

Informant  
(Address)

*Mrs O'Connell*  
*12 Beacon St*

Relation, if any

*Wife*

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

*Walter R. Baker*  
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

*2/5/47*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATH

*Feb*  
(Month)

*4*  
(Day)

*1947*  
(Year)

19 I HEREBY CERTIFY that I have investigated the death  
of the person above-named and that the CAUSE AND MANNER thereof  
are as follows: (If an injury was involved, state fully.)

*Crowning Thrombosis*

20 Accident, suicide, or homicide (specify)

Date of occurrence

*19*

Where did

injury occur?

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public  
place?

(Specify type of place)

Manner of

injury

Nature of

injury

While at work?

Was there an autopsy?

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

*RR Mont*

(Signed)

M. D.

(Address)

*25 Ashmont St*

Date

*2/5 1947*

22

*St. Mary's*

*Salem*

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

*Feb 7*

*1947*

23 NAME OF

FUNERAL DIRECTOR

*Henry J O'Donnell & Son's*

ADDRESS

*40 Washington St. Salem Mass*

Received and filed

*FEB 7 1947*

19

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE  
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**STATEMENT OF CAUSE OF DEATH**

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gaa bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage aponeurotic of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

**DESCRIPTION (for unknown person)** .....

.....  
.....  
.....  
.....  
.....  
.....

**NOTICE TO UNDERTAKERS:** No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

**THIS CERTIFICATE CONSTITUTES SUCH PERMIT**



N. B.— WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m. (g.) 1-45-15510

PARENTS

1 PLACE OF DEATH  
Suffolk  
(County)  
Winthrop  
(City or Town)  
No. 31 Harbor View Ave.

2 FULL NAME Julia (Beeley) Fletcher  
(If deceased is a married, widowed or divorced woman, give also maiden name.)  
(a) Residence, No. 31 Harbor View Ave.  
(Usual place of abode)  
Length of stay: In hospital or institution \_\_\_\_\_ years months days.  
(Before death) (Specify whether) In this community 37 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female  
4 COLOR OR RACE White  
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widow  
5a If married, widowed, or divorced HUSBAND of \_\_\_\_\_  
(or) WIFE of Peter W. Fletcher  
(Give maiden name of wife in full)  
(Husband's name in full)  
6 Age of husband or wife if alive \_\_\_\_\_ years  
7 IF STILLBORN, enter that fact here.  
8 AGE 80 Years 10 Months 21 Days | If less than 1 day Hours Minutes  
9 Occupation: At Home  
Industry ---  
10 or Business: ---  
11 Social Security No. None  
12 BIRTHPLACE (City) Manchester  
(State or country) England  
13 NAME OF FATHER James Beeley  
14 BIRTHPLACE OF FATHER (City) England  
(State or country)  
15 MAIDEN NAME OF MOTHER Mary Johnson  
16 BIRTHPLACE OF MOTHER (City) England  
(State or country)  
17 Informant Jane W. Somers (Daughter)  
(Address) 31 Harbor View Ave. Winthrop  
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:  
(Signature of Agent of Board of Health or other) Walter S. Baker  
A-0. at Feb. 8/47  
(Official Designation) (Date of Issue of Permit)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 33

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR)

(If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 6, 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 15, 1945, to February 5, 1947  
I last saw him alive on February 5, 1947 death is said to have occurred on the date stated above, at 12:15 a.m.  
Immediate cause of death: Bronchopneumonia  
Duration: 2 weeks  
Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Date of  
Of autopsy  
What test confirmed diagnosis?  
Physician: Underline the cause to which death should be charged statistically.  
20 Was disease or injury in any way related to occupation of deceased? No  
If so, specify: Thomas A. Halligan, M. D.  
(Signed) (Address) Rye, Mass. Date Feb. 7, 1947  
21 Woodlawn Everett  
Place of Burial, Cremation or Removal (City or Town)  
DATE OF BURIAL Feb 8, 1947  
22 NAME OF FUNERAL DIRECTOR Howard S. Byrnes  
ADDRESS Winthrop Mass.  
Received and filed FEB 11 1947  
(Registrar)

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COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE  
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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall hurry or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE \_\_\_\_\_

DATE OF DISCHARGE \_\_\_\_\_

RANK, RATING \_\_\_\_\_

ORGANIZATION AND OUTFIT \_\_\_\_\_

SERVICE NUMBER \_\_\_\_\_



should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

1 PLACE OF DEATH

*Suffolk*  
(County)  
*Winthrop*  
(City or Town)

No. *395 Shirley*

2 FULL NAME

*Charlotte L. Cronan*  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

*395 Shirley*  
(Usual place of abode)

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

**34**

**PHYSICIAN - IMPORTANT**

(Was deceased a U. S. War Veteran, if so specify WAR)

Length of stay: In hospital or institution (Before death) (Specify whether)

years

months

days

In this community *3* yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

*31*

4 COLOR OR RACE

*31*

5 SINGLE (write the word)  
MARRIED  
WIDOWED  
OR DIVORCED *Single*

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE *69* Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

*Retired*

Industry

10 or Business:

*Dress maker*

11 Social Security No.

12 BIRTHPLACE (City)  
(State or country)

*Malden, Mass.*

13 NAME OF  
FATHER

*John A. Cronan*

14 BIRTHPLACE OF  
FATHER (City)  
(State or country)

*Ireland*

15 MAIDEN NAME  
OF MOTHER

*Margaret Sullivan*

16 BIRTHPLACE OF  
MOTHER (City)  
(State or country)

*Ireland*

17

Informant  
(Address)

*Family Album*

(Relation, if any)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

*Walter A. Baker*

(Signature of Agent of Board of Health or other)

*Walter A. Baker*  
(Official Designation)

(Date of Issue of Permit)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

St. (If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATH

*Feb. 8, 1947*  
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from

*Jan 7, 1947, to Jan 8, 1947*

I last saw her alive on *Jan 8, 1947* death is said to

have occurred on the date stated above, at *11:30 A.M.*

Duration

Immediate cause of death

*Congestive heart failure*

**IMPORTANT**

Due to

*Rheumatic fever*

*20 years*

Due to

Other conditions

(Include pregnancy within 3 months of death)

**IMPORTANT**

Major findings:

Of operations

Physician

Date of

Of autopsy

What test confirmed diagnosis?

Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

*St. Mary's Hospital, Malden, Mass.*

*Feb. 10, 1947*

21

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

*Feb. 11, 1947*

22 NAME OF  
FUNERAL DIRECTOR

ADDRESS

*Owen P. Doonan Sons  
Malden, Mass.*

Received and filed

*FEB 11 1947*

(Registrar)

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by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE \_\_\_\_\_

DATE OF DISCHARGE \_\_\_\_\_

RANK, RATING \_\_\_\_\_

ORGANIZATION AND OUTFIT \_\_\_\_\_

SERVICE NUMBER \_\_\_\_\_



## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

Boston

(City or town making return)

COPY OF  
CERTIFICATE OF DEATH

Registered No. 12885

1 PLACE OF DEATH

Suffolk  
(County)

Boston

(City or Town)

No.

Hebrew Ladies Home for Aged

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Hadda G Sheinsohn

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.  
War Veteran,  
specify WAR)

(a) Residence, No. 21 Hutchinson

(Usual place of abode)

St. Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution

(Before death)

(Specify whether)

years months 14 days

In this community 6 yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE (write the word)  
MARRIED WIDOWED Widowed  
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Samuel Sheinsohn

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 84 Years Months Days If less than 1 day  
Hours Minutes

Usual Occupation: Housewife

Industry or Business: At Home

11 Social Security No. None

12 BIRTHPLACE (City) Russia  
(State or country)

13 NAME OF FATHER Henry Waldman

14 BIRTHPLACE OF FATHER (City) Russia  
(State or country)

15 MAIDEN NAME OF MOTHER Faige

16 BIRTHPLACE OF MOTHER (City) Russia  
(State or country)17 Informant L. Sonia (Daughter)  
(Address)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED Feb. 11 19 47

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 8/47  
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from  
Feb. 4/47, 19 to Feb. 8/47, 19I last saw him or alive on Feb. 8/47, 19, death is said to  
have occurred on the date stated above, at 5:30P m.

Duration

Immediate cause of death

Broncho Pneumonia

2-7-47

Due to Acute Congestive Heart Failure 2-4-47

Due to Arterio Sclerosis ?

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. A. Udelson M. D.

(Address) Boston Mass Date 2-8-19 47

21 PLACE OF BURIAL, CREMATION OR REMOVAL Liberty Progressive Everett  
(Cemetery) (City or Town)

DATE OF BURIAL Feb. 9/47 19

22 NAME OF FUNERAL DIRECTOR I Einstein  
ADDRESS Roxbury Mass.

Received and filed MAR 10 1947 19

(Registrar of City or Town where deceased resided)

WRITE PLAINLY, WITH UNFADING BLACKINK - THIS IS A PERMANENT RECORD  
Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-303 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m. (b) 6-44-14607





terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-6-2-42-8855

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

No. 181 Pleasant St.,

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

Registered No. 36

PHYSICIAN - IMPORTANT

2 FULL NAME Fred A. Healy

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 181 Pleasant St.,

(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution  
(Before death)

years

months

days.

In this community 40 yrs. mos. days.

(Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

White

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED  
WIDOWED  
or DIVORCED

Widower

5a If married, widowed, or divorced

HUSBAND of

Alice D. Hall

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 80 Years 2 Months 21 Days | If less than 1 day  
Hours Minutes

Usual

9 Occupation:

Hardware merchant

Industry

10 or Business:

retired

11 Social Security No.

none

12 BIRTHPLACE (City)  
(State or country)East Boston  
Mass.13 NAME OF  
FATHER

Oscar Healy

14 BIRTHPLACE OF  
FATHER (City)  
(State or country)Rockland  
Maine15 MAIDEN NAME  
OF MOTHER

Elmira Hosmer

16 BIRTHPLACE OF  
MOTHER (City)  
(State or country)Ellsworth  
Maine

PARENTS

17 Informant  
(Address)Mrs. Eliot R. Howard (daughter)  
25 Monument St., Concord, Mass.

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATH

February

10

1947

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Jan. 1, 1946, to Feb. 10, 1947

I last saw him alive on Feb. 10, 1947, death is said to

have occurred on the date stated above, at 1 P. m.

Duration

Immediate cause of death.

IMPORTANT

Broncho-pneumonia

4 days

Due to

Due to Cerebral hemorrhage

10 days

Other conditions

(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations

Physician

Date of

Of autopsy

What test confirmed diagnosis?

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

20 Was disease or injury in any way related to occupation of deceased? Yes

If so, specify

(Signed) Lewis F. Salerni

M. D.

(Address) 121-123 Beacon St.

Date Feb. 19, 1947

21 Woodlawn

Everett

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL February 19,

1947

22 NAME OF  
FUNERAL DIRECTOR

L. E. Parker

ADDRESS 300 Meridian St., E. Boston

Received and filed

19

(Registrar)

## RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

(8) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Place the name of the person in this section for persons aged 10 years or over. If the occupation has been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

### SPACE FOR ADDITIONAL INFORMATION



See instructions on back of certificate. If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m. (g.) I-45-15510



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 37

PLACE OF DEATH

No.

78 TEMPLE AVE

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

(Usual place of abode)

78 TEMPLE AVE

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death)

years

months

days

In this community 20 yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED  
WIDOWED  
OR DIVORCED

widow

5a If married, widowed, or divorced

HUSBAND of

Thomas (Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE 86

Years

Months

Days

If less than 1 day

Hours

Minutes

9 Occupation:

At home

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

Boston Mass

13 NAME OF

FATHER

Michael Muller

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME

OF MOTHER

Ann McParthy

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Ireland

PARENTS

17

Informant

(Address)

John Fowler

Relation, if any

78 TEMPLE AVE daughter

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

February 11

1947

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

July 1946 to February 10, 1947

I last saw him alive on Feb 11, 1947

death is said to have occurred on the date stated above, at 6:50 P. m.

Immediate cause of death

Cerebrovascular accident

IMPORTANT

6 mos

Due to

Generalized arteriosclerosis

7 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations

Physician

Underline the cause to which death should be charged statistically.

Of autopsy

When test confirmed diagnosis?

Clinical

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

Paul J. Costello, M. D.

(Address)

138 Shore Drive

DATE OF BURIAL

Feb 13, 1947

21

Place of Burial

Cremation or Removal

(City or Town)

DATE OF BURIAL

Feb 15, 1947

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

138 Shore Drive

Boston

Received and filed

19

FEB 11 1947

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m(t)-1-44-13634

1 PLACE OF DEATH

Suffolk.  
(County)  
Winthrop.  
(City or Town)

No. 131 Bartlett Road.

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH



To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 38

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Emily Lena (Douglas) King.  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT

(Was deceased a  
U. S. War Veteran, No/  
if so specify WAR)

(a) Residence, No. 131 Bartlett Road.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community 35 yrs. mos. days.  
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Widowed

5a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Frederick Winthrop King  
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 87 Years 0 Months 8 Days | If less than 1 day  
Hours Minutes

Usual  
9 Occupation: At Home

Industry  
10 or Business:

11 Social Security No. none

12 BIRTHPLACE (City) Prince Edward Island  
(State or country) Canada

13 NAME OF  
FATHER Edward W. Douglas

14 BIRTHPLACE OF  
FATHER (City) Prince Edward Island  
(State or country) Canada

15 MAIDEN NAME  
OF MOTHER Hettie Cooke

16 BIRTHPLACE OF  
MOTHER (City) Prince Edward Island  
(State or country) Canada

17 Informant Mrs. Lorenze Goriosky (daughter)  
(Address) 131 Bartlett Road Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

Walter H. Coker  
(Signature of Agent of Board of Health or other)

Death Officer 2/15/47  
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATH February 13 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
Feb. 2, 1940, to Feb. 13, 1947

I last saw him alive on Feb. 13, 1947, death is said to  
have occurred on the date stated above, at 5 P. M.

Immediate cause of death.

Chronic Myocarditis 2 yrs.  
Due to Hypertension 4 yrs.

Due to

Due to

Other conditions.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Louis J. Salerno M. D.  
(Address) 125 Pleasant St Date Feb 14 1947

21 Winthrop Cemetery, Winthrop  
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Feb. 15, 1947. 19

22 NAME OF  
FUNERAL DIRECTOR Alfred B. Marsh  
ADDRESS 174 Winthrop St., Winthrop

Received and filed MAR 1 1947 19

(Registrar)

**EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE**

**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

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WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD  
 Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m. (b) -6-44-14607

## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSCOPY OF  
CERTIFICATE OF DEATH

Boston

(City or town making return)

1470

Registered No.

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Mass. General Hospital

SL (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah Schwartz

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 111 Locust

(Usual place of abode)

St.

Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: in hospital or institution (Before death)

years

months

days.

In this community

yrs.

mos.

days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX F	4 COLOR OR RACE W	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married
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5a If married, widowed, or divorced  
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Joseph Schwartz  
(Husband's name in full)

6 Age of husband or wife if alive 55 years

7 IF STILLBORN, enter that fact here.

8 AGE 56 Years Months Days If less than 1 day  
Hours MinutesUsual  
9 Occupation: HousewifeIndustry  
10 or Business: At Home

11 Social Security No. ---

12 BIRTHPLACE (City) Lithuania  
(State or country)

13 NAME OF FATHER Gerson Cohen

14 BIRTHPLACE OF FATHER (City) Lithuania  
(State or country)

15 MAIDEN NAME OF MOTHER Annie E -----

16 BIRTHPLACE OF MOTHER (City) Russia  
(State or country)17 Informant Husband (Relation, if any)  
(Address)A TRUE COPY  
ATTEST: (Registrar of city or town where death occurred)  
Feb. 17/47

DATE FILED 19

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 14/47  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1947, to Feb. 14/47

I last saw her alive on Feb. 14, 1947 death is said to have occurred on the date stated above, at 5:58AM m.

Duration

Immediate cause of death.

Peritonitis, generalized

15 Das.

Due to Pancreatitis, acute hemorrhagic 15 Days

Due to

Other conditions Arterio sclerotic heart dis.  
(Include pregnancy within 3 months of death)

Physician

Major findings: Ligation of veins of leg  
Of operations Date of 2-10-47

Of autopsy

What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J S Lichty

M. D.

(Address) Mass. General Hospt Date 2-14-19 47

21 PLACE OF BURIAL, Ind. Workers Order Everett Mass.  
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL Feb. 14/47 19

22 NAME OF FUNERAL DIRECTOR L Schlossberg  
ADDRESS Mattapan Mass.

Received and filed MAR 10 1947 19

(Registrar of City or Town where deceased resided)







EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION



information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-9-44-14955

<p><b>Suffolk</b> (County) <b>Winthrop</b> (City or Town) No. <b>Winthrop Com. Hospital</b></p>		<p>The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH</p>		<p>To be filed for burial permit with Board of Health or its Agent. Registered No. <b>41</b></p>	
<p>1 PLACE OF DEATH No. <b>Winthrop Com. Hospital</b> St. <b>Winthrop</b> (If death occurred in a hospital or institution, give its NAME instead of street and number)</p>		<p>2 FULL NAME <b>Joseph Burke</b> (name change) (If deceased is a married, widowed or divorced woman, give also maiden name.) <b>By. Law.</b></p>		<p>PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) <b>None</b></p>	
<p>(e) Residence. No. <b>31 Pearl</b> (Usual place of abode) <b>are</b> St. <b>Winthrop Mass.</b> (If nonresident, give city or town and State)</p>		<p>Length of stay: In hospital or institution <b>2 days</b> (Before death) (Specify whether) years months <b>3</b> days. In this community <b>25</b> yrs. mos. days.</p>			
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX <b>Male</b>	4 COLOR OR RACE <b>White</b>	5 SINGLE (write the word) <b>MARRIED</b> <b>Married</b>	18 DATE OF DEATH <b>February 17, 1947</b> (Month) (Day) (Year)		
5a If married, widowed or divorced HUSBAND of <b>Lena Rosenthal</b> (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)			1947 I HEREBY CERTIFY, That I attended deceased from <b>February 14, 1947</b> to <b>February 17, 1947</b> I last saw him alive on <b>February 16, 1947</b> , death is said to have occurred on the date stated above, at <b>5:50 A.m.</b>		
6 Age of husband or wife if alive <b>58</b> years			Duration <b>4 days</b>		
7 IF STILLBORN, enter that fact here.			Immediate cause of death <b>Cerebral Embolism</b>		
8 AGE <b>61</b> Years Months Days If less than 1 day Hours Minutes			Due to <b>Coronary Thrombosis</b> <b>4 days</b>		
9 Usual Occupation: <b>Baker</b>			Due to <b>Arteriosclerotic Heart Disease</b> <b>4 years</b>		
10 Industry or Business:			Other conditions <b>Diabetes Mellitus</b> <b>15 years</b> (Include pregnancy within 3 months of death) <b>Bronchopneumonia - Terminal</b> <b>IMPORTANT</b>		
11 Social Security No. <b>none</b>			Major findings: Of operations <b>None</b> Physician <b>Underline the cause to which death should be charged statistically.</b>		
12 BIRTHPLACE (City) (State or Country) <b>Russia</b>			Date of <b>None</b>		
PARENTS	13 NAME OF FATHER <b>Abraham Bercovitz</b>		Of autopsy <b>None</b>		
	14 BIRTHPLACE OF FATHER (City) (State or Country) <b>Russia</b>		What test confirmed diagnosis? <b>Clinical + Laboratory</b>		
	15 MAIDEN NAME OF MOTHER <b>Cherney (unf. name)</b>		20 Was disease or injury in any way related to occupation of deceased? <b>No</b>		
	16 BIRTHPLACE OF MOTHER (City) (State or Country) <b>Russia</b>		If so, specify (Signed) <b>Maxime Traubstein Jr.</b> M. D. (Address) <b>562 Shirley St. Winthrop</b> Date <b>Feb. 17, 1947</b>		
17 Informant <b>Lena Burke</b> (wife) (Address) <b>31 Pearl St. Winthrop Mass.</b>			21 <b>Joseph Isaac of Winthrop Mass.</b> Place of Burial, Cremation or Removal. (City or State) <b>Winthrop Mass.</b>		
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <b>Walter R. Baker</b> (Signature of Agent of Board of Health or other) <b>Health Officer</b> (Official Designation)			22 NAME OF FUNERAL DIRECTOR <b>Henry Levine</b> ADDRESS <b>470 Harvard St Brookline</b>		
			Received and Filed <b>MAR 1 1947</b> (Registrar)		

**EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE  
RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

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terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, require physicians to insert a recital to that effect.  
100m(t)-1-44-1-3634

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 12

2 FULL NAME ~~Baby Girl~~ Giovanniello  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 65 Border St. East Boston, Mass. St.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community yrs. mos. days.  
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX ~~Female~~ Male 4 COLOR OR RACE White 5 SINGLE (write the word)  
MARRIED WIDOWED or DIVORCED Single

5a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. Still-born ✓

8 AGE Years Months Days | If less than 1 day  
Hours Minutes

9 Usual  
Occupation:

Industry  
10 or Business:

11 Social Security No.

12 BIRTHPLACE (City) Winthrop  
(State or country) Mass.

13 NAME OF FATHER Amelio Giovanniello

14 BIRTHPLACE OF FATHER (City) Italy  
(State or country)

15 MAIDEN NAME OF MOTHER Josephine Pallagone

16 BIRTHPLACE OF MOTHER (City) Boston  
(State or country)

17 Informant Amelio Giovanniello (Father)  
(Address) 65 Border St. East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

Walter H. Baker  
(Signature of Agent at Board of Health or other)  
Health Officer (Official Designation) 3/25/47  
(Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 17 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
2/17/47, 19, to 2/17/47, 19

I last saw her alive on, 19, death is said to  
have occurred on the date stated above, at 3:33 P. M.

Immediate cause of death Duration

Stillborn IMPORTANT

Due to

Due to

Other conditions (Include pregnancy within 8 months of death) IMPORTANT

Major findings: Of operations Physician

Date of Of autopsy Underline the cause to which death should be charged statistically.  
What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) 23 f. [Signature] Date 2/19/47 M. D.  
(Address) (Address)

21 St. Michael Boston  
Place of Burial, Cremation or Removal (City or Town)  
DATE OF BURIAL Feb 25 - 48 19

22 NAME OF FUNERAL DIRECTOR [Signature]  
ADDRESS 9 Chelsea St. E. Boston

Received and filed MAR 1 1947 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION



THIS IS A PERMANENT RECORD  
Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

The Commonwealth of Massachusetts

Boston

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF  
CERTIFICATE OF DEATH

Registered No. 1637  
43

Suffolk

(County)

Boston

(City or Town)

No. Mass. General Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Walter Lehr

(If deceased is a married, widowed or divorced woman, give also maiden name.)

25 Buckthorne Terrace

(a) Residence, No.

(Usual place of abode)

St.

Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months 2

days

In this community 17 yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED  
WIDOWED  
or DIVORCED

Married

5a If married, widowed, or divorced Agnes Joyce

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

49

years

7 IF STILLBORN, enter that fact here.

8

AGE 53 Years Months Days

If less than 1 day

Hours Minutes

Usual

9 Occupation:

Merchant

Industry

10 or Business:

Neckwear

11 Social Security No.

025-09-1626

12 BIRTHPLACE (City)

(State or country)

New York New York

13 NAME OF

FATHER

William Lehr

14 BIRTHPLACE OF

FATHER (City)

(State or country)

New York N.Y.

15 MAIDEN NAME

OF MOTHER

Anna Sell

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

New York New York

17

Informant

(Address)

Wife

(Relation, if any)

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Feb/21/47

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

Feb. 17/47

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Feb. 15, 19 47, to

Feb. 17/47

I last saw him alive on Feb. 17/47, 19, death is said to

have occurred on the date stated above, at 4 AM

m.

Duration

Immediate cause of death

Coronary arterio sclerosis

3 Yrs

Plus

Deaths with myocardial infarction

Due to

Other conditions

Myesthenia gravis

(Include pregnancy within 3 months of death)

Physician

Major findings:

Of operations None

Date of

Of autopsy

What test confirmed diagnosis?

Autopsy

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. S. Lighty

M. D.

(Address)

Mass. Gen. Hospt.

Date

2-17-47

21 PLACE OF BURIAL

CREMATION OR REMOVAL

Woodlawn New York

(Cemetery)

(City or Town)

DATE OF BURIAL

Feb. 20/47

19

22 NAME OF

FUNERAL DIRECTOR

J. F. O'Maley

ADDRESS

Winthrop Mass.

Received and filed

MAR 10 1947

19

(Registrar of City or Town where deceased resided)





should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m. (g.) 1-45-15510

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No.

44

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Frank E. Anderson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 9 Gladstone  
(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution *W. H. P.*  
(Before death) (Specify whether)

years

months 2 days

In this community 23 yrs. mos. days.

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)  
MARRIED WIDOWED or DIVORCED Married

5a If married, widowed, or divorced  
HUSBAND of Lillian J. Witham  
(Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 74 years

7 IF STILLBORN, enter that fact here.

8 AGE 75 Years Months Days If less than 1 day  
Hours Minutes

9 Occupation: Tailor

Industry  
10 or Business:

11 Social Security No. None  
12 BIRTHPLACE (City) Gloucester  
(State or country) Mass

13 NAME OF  
FATHER Andrew Anderson

14 BIRTHPLACE OF  
FATHER (City) Sweden  
(State or country)

15 MAIDEN NAME  
OF MOTHER Delia Sullivan

16 BIRTHPLACE OF  
MOTHER (City) Ireland  
(State or country)

17 Informant Lillian J. Anderson (Wife)  
(Address) 9 Gladstone St. E. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 3/24/47

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 21, 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
Aug. 1941, to Feb. 21, 1947  
I last saw him alive on Feb. 21, 1947, death is said to  
have occurred on the date stated above, at 5:50 p.m.

Immediate cause of death:

Chronic Myocarditis  
Chronic Emphysema

Duration

1947  
IMPORTANT

1947

Due to

Due to

Other conditions: Asperger's  
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations:

Date of

Of autopsy:

What test confirmed diagnosis?

Physician

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

20 Was disease or injury in any way related to occupation of deceased?  
If so, specify:

(Signed) Date of M. D.  
(Address) Date 1947

21 Puritan Lawn Mem. Park, Peabody  
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Feb. 24, 1947

22 NAME OF FUNERAL DIRECTOR Michael J. Giffelle  
ADDRESS 10 No. Bennett St., Boston

Received and filed 1947

MAR 1 1947

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposable due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER





EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE  
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purpose of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**STATEMENT OF CAUSE OF DEATH**

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

**DESCRIPTION (for unknown person)** .....

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

**NOTICE TO UNDERTAKERS:** No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

**THIS CERTIFICATE CONSTITUTES SUCH PERMIT**





The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 446

40

PLACE OF DEATH

Suffolk  
(County)

Winthrop.  
(City or Town)

No. 12 Emerson Road

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number }

2 FULL NAME

Laura M. Haslam

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 12 Emerson Road  
(Usual place of abode)

St. ....  
(If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years months days. In this community 30 yrs. mos. days.  
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE (write the word)
Female	White	MARRIED WIDOWED or DIVORCED Widowed

5a If married, widowed, or divorced

HUSBAND of ..... Thomas J. McLaughlin  
(or) WIFE of .....  
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 86  
AGE Years Months Days If less than 1 day  
Hours Minutes

Usual  
9 Occupation: ..... Housewife

Industry Own Home  
10 or Business:

11 Social Security No.

12 BIRTHPLACE (City) ..... Baltimore  
(State or country) ..... Maryland

13 NAME OF FATHER William W. Spence

14 BIRTHPLACE OF  
FATHER (City) ..... Scotland  
(State or country)

15 MAIDEN NAME  
OF MOTHER Mary J. Marriott

16 BIRTHPLACE OF  
MOTHER (City) .....  
(State or country) Alabama

17 Informant Cathryn Haslam (Address) 12 Emerson Road (Relation, if any) (Daughter)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer 7/23/58

(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH ..... February 21 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
May 26 1946 to February 21 1947

I last saw h. e. alive on February 20, 1947, death is said to have occurred on the date stated above, at 10 45 A.m.

Immediate cause of death.....  
.....  
**Arteriosclerotic Heart Disease**  
.....  
.....

Due to Generalized arteriosclerosis 3 years

Other conditions: Amputated left leg  
(Include pregnancy within 3 months of death)

Major findings: *Amputation of left leg for*  
Of operations *gargen due to art.*  
Of autopsy *none*  
Date of death *May 1946*  
What test confirmed diagnosis *Clinical Laboratory*

20 Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) Harvey Traubman Jr. M. D.  
(Address) 562 Chas. St. W. 4th Fl. Date FEB 21 1967

21 Winthrop Winthrop  
Place of Burial, Cremation or Removal. (City or Town)  
DATE OF BURIAL February 24 1947

22 NAME OF FUNERAL DIRECTOR... John H. Haley  
ADDRESS... Winthrop Mass

Received and filed MAR 1 1947 19  
(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained bereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians shall certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
**STANDARD  
CERTIFICATE OF DEATH**



To be filed for burial permit  
with Board of Health  
or its Agent.  
Registered No. **47**

1 PLACE OF DEATH  
Suffolk.  
(County)  
Winthrop.  
(City or Town)  
No. **179 Winthrop Street.**

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME **Mary Rita Verdi**  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT  
(Was deceased a  
U. S. War Veteran,  
if so specify WAR) No.

(a) Residence. No. **179 Winthrop Street** St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) years months days. In this community **1** yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **female** 4 COLOR OR RACE **white** 5 SINGLE (write the word)  
MARRIED **married**  
WIDOWED  
or DIVORCED  
5a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of **Ralph William Verdi**  
(Husband's name in full)

6 Age of husband or wife if alive **29** years

7 IF STILLBORN, enter that fact here.

8 AGE **27** Years **0** Months **9** Days | If less than 1 day  
Hours Minutes

9 Occupation: **housewife**

10 Industry or Business: **at home**

11 Social Security No. **none 011-10-7801**

12 BIRTHPLACE (City) **Malden**  
(State or country) **Mass**

13 NAME OF FATHER **Thomas Francis Fallon**

14 BIRTHPLACE OF FATHER (City) **Cambridge**  
(State or country) **Mass**

15 MAIDEN NAME OF MOTHER **Mary Ellen Collins**

16 BIRTHPLACE OF MOTHER (City) **Brighton**  
(State or country) **Mass**

17 Informant **Ralph W. Verdi** (Relation, if any)  
(Address) **179 Winthrop St** **husband**

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the final of transit permit was issued:  
**Walter H. Baker**  
(Signature of Agent of Board of Health or other)  
**Health Officer** (Official Designation) **2/25/47** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **February 23, 1947**  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
**Feb 20, 1947, to Feb 23, 1947**  
I last saw her alive on **Feb 23, 1947**, death is said to  
have occurred on the date stated above, at **5:40 P. m.**

Immediate cause of death **Pulmonary Edema** **12 hrs.**  
Due to **Multiple Sclerosis** **1 yr.**  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **none** Date of  
Of autopsy **none**  
What test confirmed diagnosis? **Clinical**

20 Was disease or injury in any way related to occupation of deceased? **No**  
If so, specify (Signed) **Arthur G. Murray** M. O.  
(Address) **Winthrop, Mass** Date **24 Feb 1947**

21 **St. Pauls Cemetery, Arlington**  
Place of Burial, Cremation or Removal. (City or Town)  
DATE OF BURIAL **Feb. 26, 1947**

22 NAME OF FUNERAL DIRECTOR **Alfred B. Marsh**  
ADDRESS **174 Winthrop St, Winthrop**

Received and filed **MART 1947**  
(Registrar)

**EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE  
RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

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THIS IS A PERMANENT RECORD  
Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m.(b)-6-44-14607

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

COPY OF  
CERTIFICATE OF DEATH

Revere  
(City or town making return)

Registered No. 48

1 PLACE OF DEATH  
Suffolk  
(County)  
Revere  
(City or Town)  
No. 214 Endicott Ave.



St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary C. Boris (Callahan)  
(If deceased is a married, widowed or divorced woman, give also maiden name.)  
(a) Residence. No. 50 Pleasant  
(Usual place of abode)  
St. Winthrop  
(If nonresident, give city or town and State)  
Length of stay: In hospital or institution Conv. Home years months days. In this community yrs. mos. days.  
(Before death) (Specify whether) 8 Weeks 8 Weeks

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female  
4 COLOR OR RACE White  
5 SINGLE (write the word) MARRIED Widowed  
WIDOWED  
or DIVORCED  
5a If married, widowed, or divorced HUSBAND of Raphael Boris  
(or) WIFE of Raphael Boris  
(Husband's name in full)  
6 Age of husband or wife If alive years  
7 IF STILLBORN, enter that fact here.  
8 AGE 86 Years Months Days If less than 1 day Hours Minutes  
Usual Occupation: At Home  
Industry Retired Housewife  
10 or Business:  
11 Social Security No. None  
12 BIRTHPLACE (City) Boston  
(State or country) Mass.

PARENTS

13 NAME OF FATHER Daniel Callahan  
14 BIRTHPLACE OF FATHER (City) Ireland  
(State or country)  
15 MAIDEN NAME OF MOTHER Catherine (Unknown)  
16 BIRTHPLACE OF MOTHER (City) Ireland  
(State or country)

17 Informant D. Callahan (Brother)  
(Address) 50 Pleasant St. Winthrop

A TRUE COPY. Joseph F. Whitham  
ATTEST: (Registrar of city or town where death occurred)  
DATE FILED Feb. 27, 1947

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 24, 1947  
(Month) (Day) (Year)  
19 I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1946, to Feb. 24, 1947  
I last saw her alive on Feb. 23, 1947, death is said to have occurred on the date stated above, at 8:00A m.  
Duration

Immediate cause of death Chronic Rheumatic Heart Disease  
Due to 40 Yrs.

Other conditions Senility  
(Include pregnancy within 3 months of death)

Major findings: Of operations Date of  
Of autopsy  
What test confirmed diagnosis? Clinical Signs  
20 Was disease or injury in any way related to occupation of deceased? No  
If so, specify  
(Signed) Daniel J. O'Brien M. 47  
(Address) Winthrop Date 2/25/1947

21 PLACE OF BURIAL Winthrop Cem. Winthrop  
(Cemetery) (City or Town)  
DATE OF BURIAL February 26, 1947

22 NAME OF FUNERAL DIRECTOR Kirby Bros.  
ADDRESS Winthrop St. Winthrop

Received and filed MAR 7 1947 19  
(Registrar of City or Town where deceased resided)





OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF  
CERTIFICATE OF DEATH

Registered No. 184319

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Peter Bent Brigham Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Phillip Kaufman  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 54 Shore Drive  
(Usual place of abode)

St. Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution. years month 12 days. In this community yrs. mos. 12 days.  
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

5a If married, widowed, or divorced HUSBAND of Lena Greenberg  
(Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 70 years

7 IF STILLBORN, enter that fact here.

8 AGE 73 Years Months Days If less than 1 day  
Hours Minutes

Usual Occupation: Merchant

Industry or Business: Groceries-Wholesale Fruit

11 Social Security No. None

12 BIRTHPLACE (City) Russia  
(State or country)

13 NAME OF FATHER Alfred Kaufman

14 BIRTHPLACE OF FATHER (City) Russia  
(State or country)

15 MAIDEN NAME OF MOTHER Elizabeth

16 BIRTHPLACE OF MOTHER (City) Russia  
(State or country)

17 Informant A Kaufman Relation Son  
(Address)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Feb. 27/47 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 24/47  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 11/47, 19 to Feb. 24/47, 19  
I last saw him alive on Feb. 24/47, 19 death is said to have occurred on the date stated above, at 4:25 AM

Immediate cause of death: Arterio sclerotic heart disease  
Cardiac infarct  
Mural thrombus  
Due to Phlebothrombosis rt. leg  
Pulmonary embolism, bilateral

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of: Of autopsy

What test confirmed diagnosis? autopsy  
20 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) R. A. Wilhelm  
(Address) Peter B. Brigham Hospt. 2-24 M. 47

21 PLACE OF BURIAL: Sarah Israel of Winthrop  
CREMATION OR REMOVAL Everett Mass.  
(Cemetery) (City or Town)

DATE OF BURIAL Feb. 25/47 19

22 NAME OF FUNERAL DIRECTOR Henry Levine  
ADDRESS Brookline Mass.

Received and filed MAR 10 1947 19

(Registrar of City or Town where deceased resided)





N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

50m- (1-6-43-12056)

1 { PLACE OF DEATH  
Suffolk (County)  
Wentworth (City or Town)  
No. Wentworth Community Hospital St.



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 50

2 FULL NAME Ann Jane Condon  
(If deceased is a married, widowed or divorced woman, give also maiden name.)  
(a) Residence, No. 503 Central St. Saugus Mass.  
(Usual place of abode)  
(If nonresident, give city or town and State)  
Length of stay: In hospital or institution 2 years - months - days. In this community yrs. mos. days.  
(Before death) (Specify whether)

PHYSICIAN—IMPORTANT

(Was deceased a  
U. S. War Veteran,  
If so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

5a If married, widowed, or divorced  
HUSBAND of

(or) WIFE of John P. Condon  
(Give maiden name of wife in full)  
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 62 Years 4 Months 13 Days If less than 1 day Hours Minutes

9 Occupation: Housekeeper

10 or Business: Private family

11 Social Security No. 788-12-1234

12 BIRTHPLACE (City) Boston (State or country) Mass

13 NAME OF FATHER Michael J. Riley

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Mary Cusack

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant William C. Donohue (Address) 123 Main St. Boston (Relation, if any) Daughter

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter H. Mahony  
(Signature of Agent of Board of Health or other)  
Health Officer (Official Designation)  
3/26/47 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb - 25 - 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)  
Acute Cordeas Paelure  
Chronic Myocarditis

20 Accident, suicide, or homicide (specify) \_\_\_\_\_  
Date of occurrence 19

Where did Injury occur? \_\_\_\_\_  
(City or town and State)

Did Injury occur in or about home, on farm, in industrial place, or in public place? \_\_\_\_\_  
(Specify type of place)

Manner of Injury Collapsed while walking

Nature of Injury on street & died quietly

While at work? \_\_\_\_\_ Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify John J. Brickley, M. D.  
(Signed)

(Address) Boston Feb 25 1947

22 Cedar Grove (City or Town)  
Place of Burial, Cremation or Removal

DATE OF BURIAL Feb 28, 1947 19

23 NAME OF FUNERAL DIRECTOR John C. Donohue  
ADDRESS 123 Main Mass

Received and filed 19

MAR 1 1947

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....  
.....  
.....  
.....  
.....  
.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT



WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD  
 Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSCOPY OF  
CERTIFICATE OF DEATH

Danvers

(City or town making return)

Registered No.

51

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)

No. Danvers State Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary G. McCarthy (McCormick)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 91 Lowell Rd

(Usual place of abode)

St. Winthrop, Mass

(If nonresident, give city or town and State)

Length of stay: In hospital or institution 4 years 10 months 10 days  
(Before death) (Specify whether)

In this community yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED  
WIDOWED  
or DIVORCED Widowed5a If married, widowed, or divorced  
HUSBAND of(Give maiden name of wife in full)  
(or) WIFE of Daniel McCarthy  
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 74 Years Months Days If less than 1 day  
Hours Minutes

Usual Occupation: Housewife

Industry  
10 or Business:

11 Social Security No. None

12 BIRTHPLACE (City) Boston  
(State or country) Mass

13 NAME OF FATHER Thomas McCormick

14 BIRTHPLACE OF FATHER (City) Halifax, N. S.  
(State or country) Canada

15 MAIDEN NAME OF MOTHER Jane Callahan

16 BIRTHPLACE OF MOTHER (City) Boston  
(State or country) Mass17 Informant Mary K. McPhillips (Relation, if any)  
(Address) Hathorne, Mass

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Feb. 19 1947

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 11 1947  
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from  
Feb. 4, 1946, to Feb. 11, 1947.  
I last saw her alive on Feb. 11, 1947 death is said to  
have occurred on the date stated above, at 12:45 a.m.

Immediate cause of death.

Arteriosclerotic heart disease 5yrs.

Due to.

Due to.

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations.

Date of.

Of autopsy.

What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Francis H. Sullivan M. D.  
(Address) Hathorne, Mass Date 2/21 194721 PLACE OF BURIAL, CREMATION OR REMOVAL Old Calvary Boston  
(Cemetery) (City or Town)

DATE OF BURIAL February 13 1947

22 NAME OF FUNERAL DIRECTOR Richard C. Kirby  
ADDRESS Boston, Mass

Received and filed. 19

(Registrar of City or Town where deceased resided)





## STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
Bureau of the Census

STATE OF NEW HAMPSHIRE

Town or City

Clerk's No.

52

FULL NAME Florence Thompson

## 1. PLACE OF DEATH:

(a) County Cheshire(b) City or town Keene(c) Name of hospital or institution: Elliot Community Hospital

(If not in hospital or institution write street number or location)

(d) Length of stay: Few HoursIn hospital or institution Few Days  
(Specify whether years, months or days)In this community Few Days  
(Specify whether years, months or days)3. (a) If veteran, name war -(b) Social Security No. -4. Sex Female 5. Color or race White 6. (a) Single, widowed,  
married, divorced Widowed6. (b) Name of husband or wife: James Edward Thompson  
(Full name—Maiden name, if wife)6. (c) Age of husband or wife, if alive - years7. Birth date of deceased February 28 1875  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
72 0 0 .....hrs. ....min.9. Birthplace Cambridge Massachusetts  
(City, Town, or County) (State or Foreign Country)10. Usual occupation At Home11. Industry or business -12. Name Alfred George Austin13. Birthplace Oxford England  
(City, Town, or County) (State or Foreign Country)14. Maiden name Sarah Margetts15. Birthplace Woodstock, England  
(City, Town, or County) (State or Foreign Country)16. (a) Informant's own signature Mrs. Lucille Smith O.S.F.(b) Address 20 Marlboro St., Keene, N.H.17. (a) Entombment  
(Burial, Cremation, Entombment, Removal)  
Brookside Cemetery

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Massachusetts(b) County Suffolk(c) City or town Winthrop(d) Street No. 40 Washington Avenue  
(If rural, give location)

(e) If foreign born, how long in U.S.A.? ..... years

## MEDICAL CERTIFICATE

20. DATE OF DEATH: Month February day 28  
year 1947 hour 12 min. 07 A. m.21. I HEREBY CERTIFY that I attended the deceased from  
....., 19..... to ..... 19.....;  
that I last saw h.... alive on ..... 19.....;and that death occurred on the date and hour  
stated above.Immediate cause of death Traumatic Shock  
HoursDue to Fractures Multiple  
& Rupture of Bladder Sudden

Due to .....

Other conditions .....  
(Include pregnancy within 8 months of death)Major findings:  
Of operations .....Fracture left Lower Leg  
Of autopsy .....  
Pelvis & Rupture of Bladder

22. If death was due to external causes, fill in the follow-

DURATION

Hours

Sudden

PHYSICIAN

Underline the  
cause to  
which death  
should be  
charged  
statisticallyPlease write  
the causes of  
death clearly  
and legibly

WITH UNFADING INK. Every item of information should be carefully supplied.

The correct age is especially important.

PLEASE WRITE PLAINLY

(b) Place: Chester, Vermont  
(If entombed or buried, write name of cemetery)

(c) Date thereof March 2, 1947  
(City, Town, County) (State or Country)

(c) Date thereof March 1, 1947  
(Month) (Day) (Year)

(d) Place of burial Landgrove  
(Name of Cemetery)

(e) Date March 1, 1947  
(Month) (Day) (Year)

(a) Signature of funeral director Charles F. Fletcher  
(b) Address Keene, New Hampshire  
Lena F. Warren

Countersigned Lena F. Warren  
(Agent City Board of Health)

19. (a) March 1, 1947  
(b) March 1, 1947  
(Date rec. by City Bd. of Health) (Date rec. by Town or city clerk)

Signature of Town or City Clerk Lena F. Warren, City

Clerk of Keene, New Hampshire

ing: (a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence February 27, 1947  
(c) Where did injury occur? Keene, New Hampshire  
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Main Street  
(Specify type of place)

Keene, N. H.

While at work? Keene, N. H.  
(e) Means of injury Pedestrian struck by Automobile

28. SIGNATURE Walter H. Lacey  
M.D. or other M.D. Date signed March 1, 1947

Address Keene, New Hampshire City Keene

A true copy, Attest: W. H. Lacey  
Clerk of Keene, New Hampshire Dated March 3, 1947



should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

PLACE OF DEATH

1

No.

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

(Usual place of abode)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months

days

In this community 2 yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED  
WIDOWED  
or DIVORCED

Married

5a If married, widowed, or divorced  
HUSBAND of

(Give hidden name of wife in full)

(or) WIFE of

William Cronin

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE

70

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Housewife

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)  
(State or country)

Ireland

13 NAME OF  
FATHER

Michael Kearney

14 BIRTHPLACE OF  
FATHER (City)  
(State or country)

Ireland

15 MAIDEN NAME  
OF MOTHER

Elizabeth M. Ellgott

16 BIRTHPLACE OF  
MOTHER (City)  
(State or country)

Ireland

17

Informant  
(Address)

Wm Cronin  
47 Crystal Ave New Rochelle

Relation, if any

Son

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

Signature of Agent at Board of Health or other

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No.

53

(If death occurred in a hospital or institution,  
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATH

March

3

1947

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

July 7, 1945, to March 3, 1947

Last saw him alive on March 3, 1947, death is said to

have occurred on the date stated above, at 3:30 A. M.

Immediate cause of death

Duration

Coronary Thrombosis  
Due to suspected heart disease  
and generalized atherosclerosis  
Hypertension

IMPORTANT

2 years

1 year

Other conditions: Marked lymphadenoma  
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations

Physician

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically

Date of

Of autopsy

What test confirmed diagnosis? clinical

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

(Address)

Paul J. Cronin  
338 Shore Ave  
New Rochelle, N. Y.

Date

3/4

1947

21

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

March 6

19

22 NAME OF  
FUNERAL DIRECTOR

ADDRESS

Received and Aled

1947

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE  
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE \_\_\_\_\_

DATE OF DISCHARGE \_\_\_\_\_

RANK, RATING \_\_\_\_\_

ORGANIZATION AND OUTFIT \_\_\_\_\_

SERVICE NUMBER \_\_\_\_\_



PLACE OF DEATH		Suffolk. (County)		Winthrop. (City or Town)		No. 14 Forrest Street.		St. (If death occurred in a hospital or institution, give its NAME instead of street and number)	
1		<p>2 FULL NAME <u>Arthur William Corkhum</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)</p> <p>(a) Residence, No. <u>14 Forrest Street.</u> St. _____ (Usual place of abode) (If nonresident, give city or town and State)</p> <p>Length of stay: In hospital or institution _____ years _____ months _____ days. In this community <u>42</u> yrs. mos. days. (Before death) (Specify whether)</p>							
<p>PERSONAL AND STATISTICAL PARTICULARS</p> <p>3 SEX <u>male</u> 4 COLOR OR RACE <u>white</u> 5 SINGLE (write the word) <u>MARRIED</u> or DIVORCED <u>married</u></p> <p>5a If married, widowed, or divorced HUSBAND of <u>Emma Levina Parsons</u> (Give maiden name of wife in full) (or) WIFE of _____ (Husband's name in full)</p> <p>6 Age of husband or wife if alive <u>80</u> years</p> <p>7 IF STILLBORN, enter that fact here.</p> <p>8 AGE <u>89</u> Years <u>0</u> Months <u>2</u> Days   If less than 1 day Hours _____ Minutes _____</p> <p>9 Occupation: Usual <u>retired</u></p> <p>10 or Business: <u>carpenter</u></p> <p>11 Social Security No. <u>none</u></p> <p>12 BIRTHPLACE (City) <u>Chester</u> (State or country) <u>Nova Scotia</u></p>									
<p>PARENTS</p> <p>13 NAME OF FATHER <u>John Corkhum</u></p> <p>14 BIRTHPLACE OF FATHER (City) <u>Chester</u> (State or country) <u>Nova Scotia</u></p> <p>15 MAIDEN NAME OF MOTHER <u>Susan Richardson</u></p> <p>16 BIRTHPLACE OF MOTHER (City) <u>Chester</u> (State or country) <u>Nova Scotia</u></p>									
<p>17 Informant <u>William J. Corkhum</u> (Son) Relation, if any (Address) <u>61 Shirley St., Winthrop</u></p> <p>I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>Walter H. Cahen</u> (Signature of Agent of Board of Health or other) (Official Designation) (Date of Issue of Permit) <u>3/11/47</u></p>									
<p>MEDICAL CERTIFICATE OF DEATH</p> <p>18 DATE OF DEATH <u>March 4 1947</u> (Month) (Day) (Year)</p> <p>19 I HEREBY CERTIFY, That I attended deceased from <u>Feb 2, 1947</u> to <u>March 4, 1947</u> I last saw him alive on <u>Mar 4, 1947</u>, death is said to have occurred on the date stated above, at <u>11:40 P.</u> m. Immediate cause of death: <u>Cerebral Hemorrhage</u> <b>IMPORTANT</b> Due to <u>Atherosclerosis Heart Disease</u> Due to _____ Other conditions <u>none</u> (Include pregnancy within 8 months of death) <b>IMPORTANT</b> Major findings: Of operations _____ Date of _____ Of autopsy _____ What test confirmed diagnosis? _____ Physician _____ Underline the cause to which death should be charged statistically.</p> <p>20 Was disease or injury in any way related to occupation of deceased? _____ If so, specify: <u>no injury</u> (Signed) <u>Wm. J. Corkhum</u> M. (Address) <u>562 Shirley St.</u> Date <u>Mar 5 1947</u></p> <p>21 <u>Winthrop Cemetery, Winthrop</u> Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL <u>March 7, 1947</u></p> <p>22 NAME OF FUNERAL DIRECTOR <u>Alfred B. Marsh</u> ADDRESS <u>174 Winthrop St., Winthrop</u></p> <p>Received and Read <u>19</u> <u>MAR 10 1947</u> (Registrar)</p>									

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION



information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-9-44-14955

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No.

55

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number) }

PHYSICIAN - IMPORTANT

{ (Was deceased a  
U. S. War Veteran,  
if so specify WAR) }

no

2 FULL NAME Baby boy Marino  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 334 Chelsea St. East Boston  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) 2 years months 2 days. In this community yrs. mos. 2 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLDR OR RACE

White

5 SINGLE (write the word)

MARRIED  
WIDOWED  
or DIVORCED Single

5a If married, widowed or divorced

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE

Years

Months

2

Days

If less than 1 day

Hours

Minutes

9 Usual

Occupation:

10 Industry

or Business:

11 Social Security No.

12 BIRTHPLACE (City)

(State or Country)

Winthrop Mass.

13 NAME OF  
FATHER

Ralph Marino

14 BIRTHPLACE OF  
FATHER (City)

Boston

(State or Country)

15 MAIDEN NAME  
OF MOTHER

Noelene Kimmett

16 BIRTHPLACE OF  
MOTHER (City)

Scotland

(State or Country)

17

Informant  
(Address)

Ralph Marino

(Relationship)

334 Chelsea St. East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed  
with me BEFORE the burial or transit permit was issued:

Walter H. Bailey, Jr.  
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

3/5/47

MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATH

Mar

(Month)

4

(Day)

1947

(Year)

19

I HEREBY CERTIFY, That I attended deceased from

Mar 2, 1947, to Mar 9, 1947

I last saw him alive on Mar 9, 1947, death is said to  
have occurred on the date stated above at 8:40 P.M.

Immediate cause of death

Aspiration Pneumonia

Duration

IMPORTANT

2 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Date of

Of autopsy

What test confirmed diagnosis? X-Ray & clinical

20 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed)

(Address)

1947 Date Mar 4 1947

21

Holy Cross

Malden

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

Mar. 5 - 47

19

22 NAME OF  
FUNERAL DIRECTOR

ADDRESS

9 Chelsea St. East Boston

Received and Filed

19

MAR 10 1947

(Registrar)

## RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

### SPACE FOR ADDITIONAL INFORMATION



terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m(t)-1-44-1 to 34



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
**STANDARD  
CERTIFICATE OF DEATH**

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. ....

56

1 PLACE OF DEATH  
Suffolk.  
(County)  
Winthrop.  
(City or Town)  
No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Morton Wainwright  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT  
(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence, No. 129 Cliff Avenue  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution hospital  
(Before death) (Specify whether)

years months 1/2 days. In this community 20 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED married

5a If married, widowed, or divorced  
HUSBAND of Evelyn Beedle Miner  
(Give maiden name of wife in full)  
(or) WIFE of  
(Husband's name in full)

6 Age of husband or wife if alive 55 years

7 IF STILLBORN, enter that fact here.

8 AGE 82 Years 11 Months 22 Days | If less than 1 day  
Hours Minutes

Usual  
9 Occupation: messenger

10 Industry or Business: stock brokers office

11 Social Security No. 030-14-8891

12 BIRTHPLACE (City) Richville  
(State or country) New York

13 NAME OF  
FATHER Matthew Wainwright

14 BIRTHPLACE OF  
FATHER (City) Walton  
(State or country) England

15 MAIDEN NAME  
OF MOTHER Adeline Thornton

16 BIRTHPLACE OF  
MOTHER (City) New York  
(State or country)

17 Informant Mrs. Wainwright Relation, if any  
(Address) 129 Cliff Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker  
(Signature of Agent of Board of Health or other)

Health Officer 3/8/47  
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATH March 6 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
28 Feb. 1947 to 6 March 1947  
I last saw him alive on 6 March, 1947, death is said to  
have occurred on the date stated above, at 5:20 P.M.

Immediate cause of death

Coronary Occlusion  
Ant. Scholastic At. Disease  
Duration 20 yrs

Due to

Due to

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Date of  
Of autopsy none

What test confirmed diagnosis Clinical. ecg.

20 Was disease or injury in any way related to occupation of deceased? No  
If so, specify  
(Signed) Charles Liberman M. O.  
(Address) 20 Waverley Ave Date 7 Mar. 1947

21 Winthrop Cemetery March 8, 1947  
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Winthrop Mass 19

22 NAME OF  
FUNERAL DIRECTOR Alfred B. Marsh  
ADDRESS 174 Winthrop St. Winthrop

Received and filed MAR 10 1947 19

(Registrar)

3/1/47

Evelyn W. Wainwright - wife.

PARENTS

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

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information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-9-44-14955

PLACE OF DEATH

1

No.

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of stay: In hospital or institution (Before death)

(Specify whether)

years months 11 days.

In this community 40 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLD DR RACE

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

5a If married, widowed or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

67 years

7 IF STILLBORN, enter that fact here.

8 AGE

69 Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Industry

or Business:

11 Social Security No.

12 BIRTHPLACE (City)

(State or Country)

13 NAME OF

FATHER

14 BIRTHPLACE OF

FATHER (City)

(State or Country)

15 MAIDEN NAME

OF MOTHER

16 BIRTHPLACE OF

MOTHER (City)

(State or Country)

17

Informant

(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No.

57

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

E. Boston

(If nonresident, give city or town and State)

In this community 40 yrs. mos. days.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

Mar

7

1947

(Month)

(Day)

(Year)

19

I HEREBY CERTIFY,

That I attended deceased from

Feb 24

1947, to

Mar 7

1947

I last saw him alive on

Mar 7

1947, death is said to

have occurred on the date stated above, at

10589 m.

Immediate cause of death

Hypostatic Pneumonia

Duration

IMPORTANT

3/2/47

Due to

Cerebral Hemiparesis + rigidity

2/24/47

Due to

Cerebral Thrombosis

Thrombosis

Other conditions

(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

Chemical

Physician

Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

George E. Schreffler

M. D.

(Address)

77 Bow St.

Date

3/2 1947

21

Place of Burial, Cremation or Removal.

DATE OF BURIAL

March 10

1947

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

Frederick J. Magrath  
64 Meridian St. E. Boston

Received and Filed

19

MAR 10 1947 (Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION



WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-303 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m. (b) 6-44-14607

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

COPY OF  
CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 23158

PLACE OF DEATH

Suffolk  
(County)

Boston  
(City or Town)

No. Mass. Men. Hospt

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Boy Costa  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 95 Marshall  
(Usual place of abode)

St. Winthrop Mass.  
(If nonresident, give city or town and State)

Length of stay: In hospital or institution..... years months 1 days. In this community yrs. mos. days.  
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word) MARRIED Single  
WIDOWED  
or DIVORCED

5a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE ..... Years ..... Months ..... Days | If less than 1 day  
..... 6 Hours ..... Minutes

9 Usual Occupation: -----

10 Industry or Business:

11 Social Security No. ....

12 BIRTHPLACE (City) Boston Mass.  
(State or country)

13 NAME OF FATHER Ramond Costa

14 BIRTHPLACE OF FATHER (City) Boston Mass.  
(State or country)

15 MAIDEN NAME OF MOTHER Annita Mulone

16 BIRTHPLACE OF MOTHER (City) Winthrop Mass.  
(State or country)

17 Informant Father (Relation, if any)  
(Address)

A TRUE COPY  
ATTEST: Michael Manning  
(Registrar of city or town where death occurred)

DATE FILED March 13 19 47

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 8/47  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
March 7, 1947, to March 8, 19 47.  
I last saw him alive on March 8, 19 47, death is said to  
have occurred on the date stated above, at 3:15P m.

Immediate cause of death  
Respiratory failure

Due to Prematurity 23 Hrs

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H M Lennon

(Address) 750 Harrison Ave. Date 3-8-47

21 PLACE OF BURIAL, ST Michael's Cen-Boston  
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL March 12/47 19

22 NAME OF FUNERAL DIRECTOR P Rapino  
ADDRESS East Boston Mass.

Resolved and filed MAR 31 1947  
(Registrar of City or Town where deceased resided)

Physician  
Underline the cause to which death should be charged statistically.





If deceased was a U. S. War Veteran, G. L. Chap. 46, Sec. 10, requires physicians to insert a recital to that effect.

100m-(1)-1-45-15510

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

No. Winthrop Community Hospital

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD  
CERTIFICATE OF DEATH

Registrar's No.

59

2 FULL NAME Nellie (Millman) Smith  
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 121 Cottage Park Road  
(Usual place of abode)St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number){ PHYSICIAN-IMPORTANT  
(Was deceased a  
U. S. War Veteran,  
if so specify WAR)Length of stay: In hospital or Institution Hosp. (Specify whether)  
(Before death)

years months 7 days.

In this community 34 yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Married5a If married, widowed, or divorced  
HUSBAND of(or) WIFE of Philip J. Smith  
(Give maiden name of wife in full)  
(Husband's name in full)

6 Age of husband or wife if alive 73 years

7 IF STILLBORN, enter that fact here.

8 AGE 72 4 Months 25 Days If less than 1 day  
Hours MinutesUsual  
9 Occupation: HousewifeIndustry  
10 or Business: Own Home

11 Social Security No. None

12 BIRTHPLACE (City) Houlton  
(State or country) Maine13 NAME OF  
FATHER Edourd Millman14 BIRTHPLACE OF  
FATHER (City) England  
(State or country)15 MAIDEN NAME  
OF MOTHER Frances Atherton16 BIRTHPLACE OF  
MOTHER (City) Unable to Obtain  
(State or country)17 Informant Philip J. Smith (Relationship)  
(Address) 121 Cottage Park Rd. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Walter S. Baker  
(Signature of Agent of Board of Health or other)

Health Officer (Date of Issue of Permit) 3/18/47

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATH March 13 1947  
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from  
March 1, 1947, to March 13, 1947I last saw him alive on March 13, 1947, death is said to  
have occurred on the date stated above, at 9:30 P.M.

Immediate cause of death

Circumstances of Death

Duration  
IMPORTANT  
3 mos

Due to

Due to

Other conditions Metastasis of Lung  
(Include pregnancy within 3 months of death)2 wks  
IMPORTANTMajor findings:  
Of operations

Date of

Of autopsy

What test confirmed diagnosis?

Physician

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.20 Was disease or injury in any way related to occupation of deceased?—  
If so, specify No(Signed) Howard S. Baker M. D.  
(Address) 2009 Pleasant St. Date 3/15/194721 Winthrop Winthrop  
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL March 18 1947

22 NAME OF  
FUNERAL DIRECTOR Howard S. Baker  
ADDRESS Winthrop Mass

Received and filed 19

MAR 26 1947

(Registrar)

A TRUE COPY ATTEST:

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER





EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



See instructions and extracts, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 45, Section 10, requires physicians to insert a recital to that effect.

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS



STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. **61**

1 PLACE OF DEATH

Suffolk  
(County)

Winthrop  
(City or Town)

No. 58 Somerset Ave

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Katherine E. Edwards Cody  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 58 Somerset Ave  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years ..... months ..... days. In this community 40 yrs. mos. days.  
(Before death) (Specify whether)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Widowed

5a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of James J. Cody  
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 87 Years ..... Months ..... Days | If less than 1 day  
Hours ..... Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No.

12 BIRTHPLACE (City) East Boston  
(State or country) Mass

PARENTS

13 NAME OF FATHER William Edwards

14 BIRTHPLACE OF FATHER (City) Wales  
(State or country)

15 MAIDEN NAME OF MOTHER Mary Flannagan

16 BIRTHPLACE OF MOTHER (City) Ireland  
(State or country)

17 Informant Louise Witten Relation, if any  
(Address) 58 Somerset Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)  
Health Officer 3/18/47  
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 16 47  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
Mar 13, 1947, to Mar 16, 1947

I last saw him alive on Mar 16, 1947, death is said to  
have occurred on the date stated above, at 8:30 pm.

Immediate cause of death

Due to Extension of lungs  
chronic myocarditis

Due to

Other conditions cholelithiasis  
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) Harry A. J. M. D.  
(Address) Winthrop Date 3/17/47

21 Place of Burial, Cremation or Removal Winthrop  
(City or Town)

DATE OF BURIAL March 19 1947

22 NAME OF FUNERAL DIRECTOR John J. O'Malley  
ADDRESS Winthrop

Received and filed MAR 26 1947

(Registrar)

**EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE  
RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE \_\_\_\_\_

DATE OF DISCHARGE \_\_\_\_\_

RANK, RATING \_\_\_\_\_

ORGANIZATION AND OUTFIT \_\_\_\_\_

SERVICE NUMBER \_\_\_\_\_



terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m. (g.) 1-45-15510



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
**STANDARD  
CERTIFICATE OF DEATH**

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. **62**

1 PLACE OF DEATH  
**Buffalo**  
(County)  
**Westbury**  
(City or Town)  
No. **74 West St.**

2 FULL NAME **Nora Louise Barry (Simpson)**  
(If deceased is a married, widowed or divorced woman, give also maiden name.)  
(a) Residence. No. **74 West St.** St. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days. In this community **46** yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days.  
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED **Married**

5a If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(Give maiden name of wife in full)  
(or) WIFE of **JAMES**  
(Husband's name in full)

6 Age of husband or wife if alive **70** years

7 IF STILLBORN, enter that fact here.

8 AGE **70** Years \_\_\_\_\_ Months \_\_\_\_\_ Days | If less than 1 day  
Hours \_\_\_\_\_ Minutes

9 Usual Occupation: **Home**

Industry  
10 or Business:

11 Social Security No.

12 BIRTHPLACE (City) **East Boston**  
(State or country) **Mass**

13 NAME OF FATHER **Edward Simpson**

14 BIRTHPLACE OF FATHER (City) **Buffalo**  
(State or country) **N. Y.**

15 MAIDEN NAME OF MOTHER **Leannan Muller**

16 BIRTHPLACE OF MOTHER (City) **Ireland**  
(State or country)

17 Informant **James F. Barry** (Relation, if any)  
(Address) **(husband)**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

**Walter A. Baker**  
(Signature of Agent of Board of Health or other)

**Health Officer** (Official Designation) **3/22/47** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **March 19** 19**47**  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
**Jan 10** 19**47**, to **Jan 17** 19**47**

I last saw him alive on **Jan 17** 19**47** death is said to

have occurred on the date stated above, at **5:30 P. M.**

Immediate cause of death **Heart Attack**

Duration  
**2 mos**  
**IMPORTANT**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Coronary heart failure**  
(Include pregnancy within 3 months of death)

**6 mos**  
**IMPORTANT**

Major findings:  
Of operations \_\_\_\_\_

Physician

Date of \_\_\_\_\_

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

Of autopsy \_\_\_\_\_

What test confirmed diagnosis? **EKG.**

20 Was disease or injury in any way related to occupation of deceased? **NO**  
If so, specify \_\_\_\_\_

(Signed) **Walter A. Baker** M. D.  
(Address) **447 West 10th St. Buffalo N.Y.**

21 **Westbury** Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL **May 22** 19**47**

22 NAME OF FUNERAL DIRECTOR **Ruby Bros**  
ADDRESS **210 Westbury St Westbury**

Received and filed **19**

**MAR 26 1947**

(Registrar)

**EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE  
RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall hurry or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall hurry a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE \_\_\_\_\_

DATE OF DISCHARGE \_\_\_\_\_

RANK, RATING \_\_\_\_\_

ORGANIZATION AND OUTFIT \_\_\_\_\_

SERVICE NUMBER \_\_\_\_\_



term, so that it may be properly examined. Exact statement of OCCURRENCE is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m(j). 1-44 11634

Winthrop

Suffolk

(County)

Winthrop

(City or Town)

No. 133 Cliff Avenue



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 63

PLACE OF DEATH

1

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Daniel Elforest Fabyan  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence, No. 133 Cliff Avenue  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community 40 yrs. mos. days.  
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED widowed

5a If married, widowed or divorced  
HUSBAND of Alfred Irene Horton  
(Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 74 Years 7 Months 16 Days | If less than 1 day  
Hours Minutes

9 Occupation: retired

10 Industry or Business: piano salesman

11 Social Security No. none

12 BIRTHPLACE (City) Buxton  
(State or country) Maine

13 NAME OF FATHER Charles F. Fabyan.

14 BIRTHPLACE OF FATHER (City) Biddiford  
(State or country) Maine

15 MAIDEN NAME OF MOTHER Mary Ann Day

16 BIRTHPLACE OF MOTHER (City) Waterboro  
(State or country) Maine

17 Informant Wallace L. Fabyan (Son)  
(Address) 133 Cliff Ave Winthrop

I HEREBY CERTIFY that a satisfactory statement of death was  
filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker  
(Signature of Agent of Board of Health or other)  
Health Officer (Date of Issue of Permit) 3/24/47  
(Official Designation)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 22, 1947.  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
August 20, 1946, to March 12, 1947  
I last saw him alive on March 22, 1947, death is said to  
have occurred on the date stated above, at 1:30 P. M.

Immediate cause of death

Cardiac decompensation

Due to Congestive failure

Due to Generalized arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

What test confirmed diagnosis? chemical

20 Was disease or injury in any way related to occupation of deceased? No

(Signed) Walter G. Baker M. D.  
(Address) 133 Cliff Ave Winthrop Date 3/24/47

21 Winthrop Cemetery Winthrop  
Place of Burial, Cremation or Removal (City or Town)  
DATE OF BURIAL March 24, 1947

22 NAME OF FUNERAL DIRECTOR Alfred B. Monks  
ADDRESS 174 Winthrop St. Winthrop

Received and filed MAR 26 1947

(Registrar)

IMPORTANT

1 day

3 months

7 years

2 years

1 year

1 year

1 year

1 year

1 year

1 year

1 year

1 year

1 year

1 year

1 year

1 year

1 year

1 year

1 year

1 year

1 year

1 year

1 year

1 year

1 year

1 year

1 year

1 year

1 year

1 year

1 year

## RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper, private family, cook—hotel, etc. For a person who had no occupation whatever write none.

### SPACE FOR ADDITIONAL INFORMATION



term, so that it may be properly examined. Exact statement of occupation is very important. See instructions on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m(t)-1-44-13634

**PLACE OF DEATH**  
1 { Winthrop (County)  
Suffolk (City or Town)

No. 176 Bowdoin Street St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mariorie Louise Andrews  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 176 Bowdoin Street St. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days. In this community 25 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days.  
(Before death) (Specify whether)

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX female 4 COLOR OR RACE white 5 SINGLE (write the word) married  
MARRIED  
WIDOWED  
or DIVORCED

5a If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_ (Give maiden name of wife in full)  
(or) WIFE of Leonard Andrews (Husband's name in full)

6 Age of husband or wife if alive 76 years

7 IF STILLBORN, enter that fact here.

8 AGE 73 Years 7 Months 27 Days | If less than 1 day  
Hours \_\_\_\_\_ Minutes \_\_\_\_\_

9 Occupation: At Home

10 Industry \_\_\_\_\_ If \_\_\_\_\_ If \_\_\_\_\_

11 Social Security No. none

12 BIRTHPLACE (City) Yarmouth  
(State or country) Nova Scotia

**PARENTS**

13 NAME OF FATHER Wentworth Brayne

14 BIRTHPLACE OF FATHER (City) Yarmouth  
(State or country) Nova Scotia

15 MAIDEN NAME OF MOTHER Louise Earle

16 BIRTHPLACE OF MOTHER (City) Yarmouth  
(State or country) Nova Scotia

17 Informant Leonard Andrews (Address) 176 Bowdoin St Winthrop (Signature) Walter B. Baker (Date of Issue of Permit) March 9/47

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
**STANDARD  
CERTIFICATE OF DEATH**

To be filled for burial permit  
with Board of Health  
or its Agent. **64**

Registered No. \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number)

**PHYSICIAN - IMPORTANT**

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) No

**MEDICAL CERTIFICATE OF DEATH**

18 DATE OF DEATH March 28 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
October 27, 1944, to March 28, 1947.

I last saw him alive on March 27, 1947, death is said to  
have occurred on the date stated above, at 1:29 A. M.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Chronic Glomerulonephritis **IMPORTANT** 2 years

Due to Arteriosclerotic Heart Disease 3 years

Due to Generalized Arteriosclerosis 3 years

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: None **IMPORTANT** Physician

Of operations \_\_\_\_\_ Underline the cause to which death should be charged statistically.

Of autopsy None Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical + Laboratory

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Maurice Transue, Jr. M. D.  
(Address) 562 Cherry St., Winthrop Date March 28, 1947

21 Winthrop Cemetery Winthrop (City or Town)

Place of Burial, Cremation or Removal.

DATE OF BURIAL March 31, 1947 19 \_\_\_\_\_

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St Winthrop

Received and filed APR - 3 1947 19 \_\_\_\_\_

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION



terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

PARENTS

PLACE OF DEATH

Suffolk

(County)

~~Boston~~ Winthrop

(City or Town)

No. 30 Sewall Ave



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 65

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Henry Hirshberg

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 30 Sewall Ave.

(Usual place of abode)

St. Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years ..... months ..... days. In this community 15 yrs. mos. days.  
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)  
MARRIED WIDOWED or DIVORCED Married

5a If married, widowed, or divorced  
HUSBAND of Gertrude Wasserman  
(Give maiden name of wife in full)  
(or) WIFE of  
(Husband's name in full)

6 Age of husband or wife if alive 46 years

7 IF STILLBORN, enter that fact here.

8 AGE 52. Years Months Days If less than 1 day  
Hours Minutes

9 Occupation: Furniture Dealer

10 Industry or Business: For Himself

11 Social Security No. None

12 BIRTHPLACE (City)  
(State or country) Boston, Mass.

13 NAME OF FATHER Louis Hirshberg

14 BIRTHPLACE OF FATHER (City)  
(State or country) Russia

15 MAIDEN NAME OF MOTHER Esther Levenson

16 BIRTHPLACE OF MOTHER (City)  
(State or country) Russia

17 Informant William Kopans Relation, if any  
(Address) 257 South St., So. Brookline, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)  
Health Officer 3/31/47

(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 30 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
March 30, 1947, to March 30, 1947.

I last saw him alive on 3-30-47, 19, death is said to  
have occurred on the date stated above, at 11:30 A.M.

Immediate cause of death: Coronary Thrombosis  
Duration 9 hours

Due to

Due to

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of Underline the cause to which death should be charged statistically.

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify: (Signed) H. B. Greenfield M. D.  
(Address) 117 West St., Winthrop, Mass. Date 3-30-1947

21 Meretzer Woburn, Mass.  
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL March 31, 1947

22 NAME OF FUNERAL DIRECTOR Benjamin Birnbach  
ADDRESS 10 Washington St., Dorchester

Received and filed APR - 3 1947  
(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



COPIES OF RETURNS OF DEATHS RECORDED DURING THE PREVIOUS MONTH WHICH OCCURRED IN YOUR CITY OR TOWN IN CASE THE DECEASED RESIDED IN ANOTHER CITY OR TOWN AT THE TIME OF DEATH SHOULD BE MADE FORTHWITH AND TRANSMITTED ON FORM R-305 TO THE CLERK OF THE CITY OR TOWN IN WHICH THE DECEASED RESIDED AS SOON AS POSSIBLE AFTER THE CLOSE OF THE MONTH IN WHICH THE DEATH OCCURRED. (See Chap. 46, Sec. 12, G. L.)

25m (h)-1-41-4067

1 PLACE OF DEATH

**Middlesex**  
(County)

**Malden**  
(City or Town)

No. **27 Cedar**



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
COPY OF  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

**Malden**  
(City or town making return)  
Registered No. **66**

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Arthur H. Harper**  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran, specify WAR)

(a) Residence. No. **18 James Ave.**  
(Usual place of abode)

St. **Winthrop**  
(If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) years months days. In this community **1** yrs. **4** mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE (write the word) **Widowed**  
MARRIED  
WIDOWED  
or DIVORCED  
6 Age of husband or wife if alive years  
7 IF STILLBORN, enter that fact here.  
8 AGE Years Months Days If less than 1 day Hours Minutes  
9 Occupation: **Retired**  
Industry  
10 or Business: **Real Estate & Insurance**  
11 Social Security No.  
12 BIRTHPLACE (City) **London**  
(State or country) **England**  
13 NAME OF FATHER **Henry W. Harper**  
14 BIRTHPLACE OF FATHER (City) **London**  
(State or country) **England**  
15 MAIDEN NAME OF MOTHER **Emma Fowler**  
16 BIRTHPLACE OF MOTHER (City) **England**  
(State or country)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **March 16, 1947** (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

**Found dead**  
**Arteriosclerotic heart disease**

20 Accident, suicide, or homicide (specify) **no**  
Date of occurrence **19**

Where did Injury occur? **no**  
(City or town and State)  
Did injury occur in or about the home, on farm, in industrial place, or in public place?  
(Specify type of place)

Manner of Injury  
Nature of Injury  
While at work? Was there an autopsy?

21 Was disease or injury in any way related to occupation of deceased?  
If so, specify **Andrew D. Guthrie**, M. D.  
(Signed) **408 Salem St. Medford 3/16/47**  
(Address)

22 **Riverside** **Saugus**  
Place of burial, cremation or removal. (City or town)  
DATE OF BURIAL **March 18, 1947**

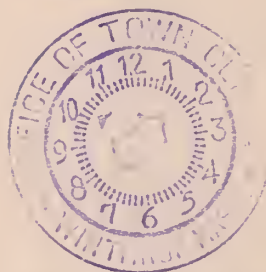
23 NAME OF FUNERAL DIRECTOR **M.A. Cowan & Son**  
ADDRESS **Malden**

Received and filed **APR 16 1947**  
(Registrar of City or Town where deceased resided)

PARENTS

17 Informant **Alice Beetle** (Address) **18 James Ave. Winthrop**  
A TRUE COPY: **Arthur H. Harper**  
ATTEST: **Arthur H. Harper**  
(Registrar of city or town where death occurred)  
DATE FILED **Mar. 25, 1947**

RECEIVED



APR 16 1947 PM



Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

COPY OF  
CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 2664 67



PLACE OF DEATH

1

(County)

(City or Town)

No.

Veterans Administration Hosp

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

David Lurensky

(If deceased is a married, widowed or divorced woman, give also maiden name.)

15 Coral Ave

(a) Residence, No.

(Usual place of abode)

St.

Winthrop, Mass

(If nonresident, give city or town and State)

Length of stay: In hospital or institution.....  
(Before death) (Specify whether)

years 2 months 1 days

In this community yrs. 2 mos. 1 days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED Married  
WIDOWED  
or DIVORCED

5a If married, widowed, or divorced HUSBAND of Beatrice Cohen

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive 45 years

7 IF STILLBORN, enter that fact here.

8 AGE 50 Years 10 Months 6 Days | If less than 1 day  
Hours Minutes

Usual

9 Occupation:

Meat Cutter

Industry

10 or Business:

M. Blinder

11 Social Security No.

Unknown

12 BIRTHPLACE (City)

(State or country)

Russia

13 NAME OF FATHER

Eli Lurensky

14 BIRTHPLACE OF FATHER (City)

(State or country)

Russia

15 MAIDEN NAME OF MOTHER

- - -

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Russia

17

Informant (Address)

Hospital Records, YAH

Relation, if any

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Mar 25, 1947

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Mar 21, 1947

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 20, 19 47 to Mar 21, 19 47

I last saw him alive on Mar 21, 19 47, death is said to have occurred on the date stated above, at 4.30 A.m.

Duration

Immediate cause of death

Primary Amyloidosis of the liver  
? spleen, ? heart

6 mos

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Physician

Major findings: Paracentesis: 1-29 & 3-12-47

Of operations

Thoracentesis

Date of 1-27; 3-3;

Of autopsy none

3-6-47

Laboratory; clinical

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Poutas

M. D.

(Address)

Boston

Date 3-21-1947

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Kenneseth Israel Cem

(Cemetery) Woburn, Mass

DATE OF BURIAL

Mar 23, 1947

19

22 NAME OF FUNERAL DIRECTOR

B. Birnbach

ADDRESS

Boston

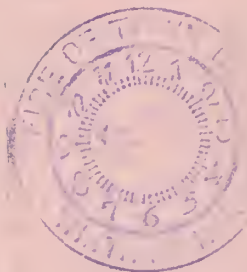
Received and filed

APR 22 1947

19

(Registrar of City or Town where deceased resided)

RECEIVED



APR 22 1947 PM

Ent: 4-18-18  
Disc: 9-30-21 Honorable  
Rank: Ship's Cook 3/c  
Org: USN  
No: 1822188



Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts

Boston

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF  
CERTIFICATE OF DEATHRegistered No. **683144**

PLACE OF DEATH

Suffolk  
(County)Boston  
(City or Town)No. **Infant's Hospital**St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)2 FULL NAME **Lee Mark Berman**  
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. **89 Crest Ave.** St. **Winthrop Mass.**  
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In hospital or institution..... years months **20** days. In this community yrs. mos. **20** days.  
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE (write the word)  
**MARRIED**  
**WIDOWED** **Single**  
**or DIVORCED**5a If married, widowed, or divorced  
HUSBAND of .....  
(Give maiden name of wife in full)  
(or) WIFE of .....  
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here. ☒8 AGE ..... Years **21** Months ..... Days ..... If less than 1 day  
Hours ..... MinutesUsual  
9 Occupation: **-----**Industry  
10 or Business: **-----**11 Social Security No. **-----**12 BIRTHPLACE (City) **Winthrop Mass.**  
(State or country)13 NAME OF  
FATHER **David Berman**14 BIRTHPLACE OF  
FATHER (City) **New York N.Y.**  
(State or country)15 MAIDEN NAME  
OF MOTHER **Estelle White**16 BIRTHPLACE OF  
MOTHER (City) **Boston Mass.**  
(State or country)17 Informant **Dr. Berman** Relation **Father**  
(Address)18 DATE OF DEATH **April 4/47**  
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from  
**March 15**, 19 **47** to **April 4**, 19 **47**  
I last saw him alive on **April 4**, 19 **47** death is said to  
have occurred on the date stated above, at **11:07AM** m. DurationImmediate cause of death **Pneumonia secondary to aspiration** **6 Hrs**

Due to.....

Due to.....

Other conditions **Prematurity** **20 Days**  
(Include pregnancy within 3 months of death) PhysicianMajor findings: **None**  
Of operations..... Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

Date of.....

Of autopsy **Spotty pulm atelectasis**What test confirmed diagnosis? **Autopsy**

20 Was disease or injury in any way related to occupation of deceased?.....

If so, specify **No**(Signed) **Jerome S Beloff** M. D.(Address) **300 Longwood Ave.** Date **4-5-19-47**21 PLACE OF BURIAL **Mt. Lebanon Agudath Israel**  
CREMATION OR REMOVAL **West Roxbury**  
(Cemetery) (City or Town)DATE OF BURIAL **April 6/47** **19**22 NAME OF FUNERAL DIRECTOR **B Birnbach**  
ADDRESS **Dorchester Mass.**Resolved and filed **APR 22 1947** **19**

(Registrar of City or Town where deceased resided)

A TRUE COPY  
ATTEST: **Michael S. Ganning**  
(Registrar of city or town where death occurred)DATE FILED **April 8** **19 47**

RECEIVED



APR 22 1947 PM



should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
**STANDARD  
CERTIFICATE OF DEATH**

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. **69**

1 PLACE OF DEATH  
Suffolk  
(County)  
Winthrop  
(City or Town)  
No. 20 Almont St

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME *Clifford Elmer George*  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(e) Residence. No. 20 Almont St. St.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days In this community 61 yrs. 2 mon. 15 days.  
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Married

18 DATE OF DEATH April 4 1947  
(Month) (Day) (Year)

5a If married, widowed, or divorced Catherine Pragge  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on 19, death is said to

have occurred on the date stated above, at 2:30 A. M.

Duration

Immediate cause of death

IMPORTANT

Natural causes

Due to Probable coronary occlusion 6 hours

Due to

Other conditions  
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations none

Date of

Of autopsy none

What test confirmed diagnosis?

Physician

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically

20 Was disease or injury in any way related to occupation of deceased? No.  
If so, specify

(Signed) *Robert C. Murray* M. D.  
(Address) *for Winthrop Board* Date *April 1947*

21 Winthrop & Beach Winthrop  
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL April 7 1947

22 NAME OF FUNERAL DIRECTOR *Howard S. Russell*  
ADDRESS *Winthrop, Mass.*

Received and filed APR - 9 1947 19

(Registrar)

PARENTS

PARENTS

13 NAME OF FATHER Charles George  
14 BIRTHPLACE OF FATHER (City) Unable to obtain  
(State or country) Vermont

15 MAIDEN NAME OF MOTHER Eliza Burrill

16 BIRTHPLACE OF MOTHER (City) East Boston  
(State or country) Mass.

17 Informant Catherine George (Wife, if any)  
(Address) 20 Almont St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

*Walter E. Baker* 4/5/47  
(Signature of Agent of Board of Health or other)  
*State Officer* 4/5/47  
(Official Designation) (Date of Issue of Permit)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
COPY OF  
CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 703239

1 PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Carney Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Baby Boy Smart

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence No.

15 Court Road

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months

days

In this community

yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED  
WIDOWED  
or DIVORCED Single

5a if married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE Years Months Days

If less than 1 day

12 Hours Minutes

Usual

9 Occupation:

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

Boston Mass.

(State or country)

13 NAME OF

FATHER

Daniel P Smart

14 BIRTHPLACE OF

FATHER (City)

Davidson Maine

(State or country)

15 MAIDEN NAME

OF MOTHER

Emanuela DeRosa

16 BIRTHPLACE OF

MOTHER (City)

Hartford Conn.

(State or country)

17

Informant

(Address)

Father

(Relation, if any)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

April 10

1947

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

April 5/47

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

April 4, 1947, to April 5, 1947

I last saw him alive on April 5, 1947 death is said to

have occurred on the date stated above, at 1:20 P. m.

Duration

Immediate cause of death

Prematurity

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

J. S. Hayes

M. D.

(Address)

Carney Hospt

Date 4-5-1947

21 PLACE OF BURIAL,

CREMATION OR REMOVAL

St Michael's

(Cemetery)

(City or Town)

DATE OF BURIAL

April 9/47

19

22 NAME OF

FUNERAL DIRECTOR

J. F. O'Brien & Sons

ADDRESS

South Boston Mass.

Received and filed

APR 22 1947

19

(Registrar of City or Town where deceased resided)

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APR 22 1947 PM



## The Commonwealth of Massachusetts

Boston

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF  
CERTIFICATE OF DEATH

Registered No. 3238 21

PLACE OF DEATH

1

Suffolk

(County)

Boston

(City or Town)

No. Carney Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Girl Smart  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence, No. 15 Court Road  
(Usual place of abode)St. Winthrop Mass.  
(If nonresident, give city or town and State)Length of stay: In hospital or institution..... years months days. In this community yrs. mos. days.  
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

5a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE ..... Years ..... Months ..... Days | If less than 1 day  
12 Hours ..... Minutes

9 Usual Occupation: -----

10 Industry or Business: -----

11 Social Security No. -----

12 BIRTHPLACE (City) Boston Mass.  
(State or country)

13 NAME OF FATHER Daniel P Smart

14 BIRTHPLACE OF FATHER (City) Davidson Maine  
(State or country)

15 MAIDEN NAME OF MOTHER Emanuela DeRosa

16 BIRTHPLACE OF MOTHER (City) Hartford Conn.  
(State or country)17 Informant Father (Relation, if any)  
(Address)A TRUE COPY  
ATTEST: (Registrar of city or town where death occurred)

DATE FILED April 10 19 47

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 5/47  
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from April 4, 19 47, to April 5, 19 47.  
I last saw her alive on April 5, 19 47, death is said to have occurred on the date stated above, at 4:23AM m.

Immediate cause of death.

Prematurity

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations .....

Date of .....

Of autopsy .....

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J S Hayes, M. D.  
(Address) Carney Hospt Date 4-5-19 4721 PLACE OF BURIAL St Michael's  
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL April 9/47 19

22 NAME OF FUNERAL DIRECTOR J F O'Brien  
ADDRESS South Boston Mass.

Received and filed APR 22 1947 19

(Registrar of City or Town where deceased resided)

RECEIVED



APR 22 1947 PM



PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No.

15 Ingleside Ave.

St.

{ (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registrar's No.

72

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD  
CERTIFICATE OF DEATH

1 FULL NAME

Harold Parks Belcher

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

15 Ingleside Ave.

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution

(Before death)

(Specify whether)

years

months

days.

In this community yrs.

mos.

days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of

Margery Joy

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

54

years

7 IF STILLBORN, enter that fact here.

8

AGE 56 Years 9 Months 21 Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Maintenance

10 Industry or Business:

Telephone Co.

11 Social Security No.

011-05-1847

12 BIRTHPLACE (City)

Winthrop

(State or country)

Mass.

13 NAME OF FATHER

Frank N Belcher

14 BIRTHPLACE OF FATHER (City)

Winthrop

(State or country)

Mass.

15 MAIDEN NAME OF MOTHER

Alice Cunningham

16 BIRTHPLACE OF MOTHER (City)

Stockton

(State or country)

Maine

17 Informant

Margery Belcher

Relation, if any

(Address)

15 Ingleside Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

April 6

(Month)

(Day)

1947

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

1942, to April 6, 1947

I last saw him alive on April 5, 1947, death is said to

have occurred on the date stated above, at 7:30 A.M.

Immediate cause of death

Duration

IMPORTANT

Due to Bronchopneumonia

24 hrs

Due to Cerebral thrombosis

2 wks

Due to Diabetes Mellitus

20 yrs

Other conditions

(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations: Enucleation of eye 1945

Enucleation of eye Date of 1947

Of autopsy: none

What test confirmed diagnosis? Clinical

Physician

Underline

the cause to

which death

should be

staged statistically.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Arthur J. McConragh, M. D.

(Address) Winthrop, Mass. Date April 7, 1947

21

Place of Burial, Cremation or Removal. Winthrop

(City or Town)

DATE OF BURIAL April 9 1947

22

NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop, Mass.

Received and filed

APR - 9 1947

19

A TRUE COPY ATTEST:

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
COPY OF  
CERTIFICATE OF DEATH

LEOMINSTER

(City or town making return)

Registered No. ....

73

PLACE OF DEATH

WORCESTER

(County)

LEOMINSTER

(City or Town)

No. Grant



St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Lincoln Young

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 44 Chester Ave.

(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution ..... years months days. In this community 65 yrs. mos. days.  
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

5a If married, widowed, or divorced HUSBAND of Catherine E. MacNeil  
(Give maiden name of wife in full)

(or) WIFE of  
(Husband's name in full)

6 Age of husband or wife if alive ? years

7 IF STILLBORN, enter that fact here.

8 AGE 85 Years 4 Months 16 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Printer

10 Industry or Business: Commercial

11 Social Security No. None

12 BIRTHPLACE (City) Chelsea, Mass.  
(State or country)

13 NAME OF FATHER George Young

14 BIRTHPLACE OF FATHER (City) Unable to obtain  
(State or country)

15 MAIDEN NAME OF MOTHER Unable to obtain

16 BIRTHPLACE OF MOTHER (City) Unable to obtain  
(State or country)

17 Informant Catherine E. Young (Address) 44 Chester St. Winthrop  
(Relation, if any) (Wife)

A TRUE COPY

ATTEST: (Registrar of city or town where death occurred)

DATE FILED April 8, 19 47

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 7, 1947.  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 7, 1947, to April 7, 1947

I last saw him alive on April 7, 1947, death is said to have occurred on the date stated above, at 11:45 P.m.

Immediate cause of death

Arteriosclerosis General Years

Hypertension Years

Due to Myocarditis Chronic 2 yrs

Cerebral Hemorrhage 3 yrs

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis Physical signs

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) William G. LeBrecht M. D.  
(Address) Leominster, Mass. Date 4/8/47

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop  
(Cemetery) (City or Town)

DATE OF BURIAL April 11, 19 47

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds  
ADDRESS Winthrop, Mass.

Received and filed APR 10 1947 19

(Registrar of City or Town where deceased resided)

50m (c)-1-41-4607





information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

R-301 A

PLACE OF DEATH

(County)  
(City or Town)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

STANDARD  
CERTIFICATE OF DEATH

Registered No. 71

1 No. Winthrop Community Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)  
2 FULL NAME Josephine J. Padden (Mansfield) { (If U. S. War Veteran, specify WAR) no  
(If deceased is a married, widowed or divorced woman, give also maiden name.)  
(a) Residence, No. 122 Washington Ave. St. (If nonresident, give city or town and state)  
Length of stay: In hospital or institution. Hospital years months days 4 In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED  
5a If married, widowed, or divorced Widowed  
HUSBAND of (Give maiden name of wife in full) James H. Padden  
(or) WIFE of (Husband's name in full)  
6 Age of husband or wife if alive 67 years  
7 IF STILLBORN, enter that fact here.  
8 AGE 59 Years Months Days If less than 1 day Hours Minutes  
Usual Occupation: Housewife  
Industry or Business:  
11 Social Security No. none  
12 BIRTHPLACE (City) Boston, Mass.  
(State or country)  
13 NAME OF FATHER Roger Mansfield  
14 BIRTHPLACE OF FATHER (City) Ireland  
(State or country)  
15 MAIDEN NAME OF MOTHER Mary O'Brien  
16 BIRTHPLACE OF MOTHER (City) Ireland  
(State or country)  
17 Informant James H. Padden (Wife) Relation, if any Wife  
(Address) 122 Wash. Ave. Winthrop

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 10 1947  
(Month) (Day) (Year)  
19 I HEREBY CERTIFY That I attended deceased (from January 2 1947 to April 10 1947 1947  
last saw her alive on April 10 1947, death is said to have occurred on the date stated above, at 7:20 pm Duration 4 days  
Immediate cause of death: Quite Corney Thrombosis  
Due to Bronchial Asthma 1 year  
Due to  
Other conditions none  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations none Date of  
Of autopsy none  
What test confirmed diagnosis? clinical  
20 Was disease or injury in any way related to occupation of deceased? no  
If so, specify Jaeger Abraham M.D. M. D.  
(Signed) 562 Rte. 1, Winthrop Date 4/11/47  
21 Winthrop Cemetery Winthrop  
Place of Burial, Cremation or Removal (City or Town)  
DATE OF BURIAL April 14 1947  
22 NAME OF FUNERAL DIRECTOR Joseph J. Donnelly & Son  
ADDRESS 138 Monument Ave. Brockton

1 HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:  
Walter H. Baker  
(Signature of Agent of Board of Health or other)  
Health Officer (Date of Issue of Permit) 4/11/47

Received and Filed APR 18 1947 19  
(Registrar)

## RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom from a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from one town, from one cemetery to another, or from one grave or tomb, other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal: provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L. (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition)

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

### SPACE FOR ADDITIONAL INFORMATION



information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

No. Winthrop Community Hospital

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS



STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 75

(If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Katherine F. Abbott

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.  
War Veteran,  
specify WAR)

(a) Residence. No. 562 Shirley St.

(Usual place of abode)

St.

(If nonresident, give city or town and state)

Length of stay: In hospital or institution

(Specify whether)

years

months

8 days.

In this community 35 yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 73 Years Months Days If less than 1 day Hours Minutes

Usual Occupation: Housekeeper

Industry or Business: At Home

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Vermont

13 NAME OF FATHER George Abbott

14 BIRTHPLACE OF FATHER (City) (State or country) Vermont

15 MAIDEN NAME OF MOTHER not known

16 BIRTHPLACE OF MOTHER (City) (State or country) Vermont

17 Informant Mrs. Jeanne Carty (Fosterchild) (Address) 70 Summit Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter A. Baker (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 4/17/47 (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 11 1947 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from January 6, 1947, to April 11, 1947. I last saw her alive on April 4, 1947, death is said to have occurred on the date stated above, at 6:30 p.m.

Immediate cause of death Cerebral Embolus

Due to Arteriosclerotic heart disease

Due to Thrombosis

Other conditions none (Include pregnancy within 3 months of death)

Major findings:

Of operations none

Date of

Of autopsy none

What test confirmed diagnosis? clinical

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Frank Chausse, M.D.

(Address) 562 Shirley St. Winthrop Date 4/11/47

21 Woodlawn Everett Mass (City or Town)

Place of Burial, Cremation or Removal

DATE OF BURIAL April 14, 1947

22 NAME OF FUNERAL DIRECTOR Richard H. White ADDRESS 147 Wintarop St., Winthrop

Received and filed APR 18 1947

(Registrar)

## GOVERNING THE

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, the cause of death, the date and place of death, the sex, the race, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town to whom the person died; and no undertaker, or other person shall remove a human body and deposit it in a town, or convey a cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

### SPACE FOR ADDITIONAL INFORMATION





EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths apparently due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION



should be carefully supplied. If death occurred in a hospital or institution, give its NAME instead of street and number. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

50m. (f). 6-43-120'6

PLACE OF DEATH

Suffolk  
(County)  
Winthrop  
(City or Town)

No.

Winthrop Community Hospital  
(Name)

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Ernie Louise Lowell

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

91 Bartlett Rd. Winthrop

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

hospital

years

months 7 days

In this community

yrs. 5 mos.

days

(Before death)

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 COLOR OR RACE

white

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

widowed

5a If married, widowed, or divorced  
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Sylvanus Chipman Lowell

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE 84 Years

0 Months

27 Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

at home

Industry

10 or Business:

11 Social Security No.

none

12 BIRTHPLACE (City)

Bucksport

(State or country)

Maine

13 NAME OF

FATHER

Francis Homer

14 BIRTHPLACE OF

FATHER (City)

Bucksport

(State or country)

Maine

15 MAIDEN NAME

OF MOTHER

Rhoda Stubbs

16 BIRTHPLACE OF

MOTHER (City)

Bucksport

(State or country)

Maine

17

Informant

Edwin S. Lowell

Relation, if any

(Son)

(Address)

91 Bartlett Road, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker  
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No.

77

PHYSICIAN-IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

April - 15 - 1947

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY that I have investigated the death

of the person above-named and that the CAUSE and MANNER thereof

are as follows: (If an injury was involved, state fully.)

Fractured Rt. Hip;  
Bronchopneumonia;  
arteriosclerotic Heart Disease

20 Accident, suicide, or homicide (specify)

accidental

Date of occurrence

April 10 - 1947

Where did

Winthrop

Injury occur?

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public

place?

hospital

(Specify type of place)

Manner of

Injury

Fell accidentally in floor at

Nature of

Injury

Hospital on Apr. 10 - 1947

While at work?

Was there an autopsy?

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. R. Bricker

M. D.

(Address)

Boston

April 15 - 1947

22 Riverview Cemetery, Bucksport

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

April 18, 1947

19

23 NAME OF

FUNERAL DIRECTOR

ADDRESS

174 Winthrop St., Winthrop

Received and filed

APR 18 1947

19

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No underinker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

## STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicæmia (gas bacillus) caused by a steam railway accident," "Pistol shot wound of the chest with associated hemorrhage, homicidal," "Asphyxiation by suspension, suicidal," "Syncope while under the influence of ether administered as a surgical anaesthetic," "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death,)"

**DESCRIPTION (for unknown person)**

**NOTICE TO UNDERTAKERS:** No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT



DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-9-44-14955

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 19 Coral Avenue



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No.

78

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number) }

2 FULL NAME JOSEPH ZETTER

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution  
(Before death)

(Specify whether)

years

months

days.

In this community

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

5 SINGLE (write the word)

MARRIED  
WIDOWED  
or DIVORCED

5a If married, widowed or divorced

HUSBAND of... (Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8

AGE 38 Years

Months

Days

If less than 1 day  
Hours

Minutes

Usual

9 Occupation:

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

(State or Country)

13 NAME OF

FATHER

14 BIRTHPLACE OF

FATHER (City)

(State or Country)

15 MAIDEN NAME

OF MOTHER

16 BIRTHPLACE OF

MOTHER (City)

(State or Country)

17

Informant  
(Address)

Sydney J. Zetter

(Relation, if any)

19 Coral Avenue, Winthrop.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed  
with me BEFORE the burial or transit permit was issued:

Walter A. Parker

(Signature of Agent of Board of Health or other)

Health Officer

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATH

April

(Month)

16

(Day)

1947

(Year)

19

I HEREBY CERTIFY, That I attended deceased from

Nov. 7, 1946, to April 16, 1947

I last saw him alive on April 14, 1947, death is said to  
have occurred on the date stated above, at 9 45 A.M.

Immediate cause of death

Chronic Myocarditis

Due to

Due to

Hypertension

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed)

Louis F. Salerno

M. D.

(Address) 125 Pleasant St.

Date April 16, 1947

21 Hand in Hand, West Roxbury

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

1947

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

420 Harvard Street, Brookline.

Received and Filed

APR 18 1947

19

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.


SPACE FOR ADDITIONAL INFORMATION



should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH AND MANNER OF DEATH IN PLAIN ENGLISH so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

50m. (f) - 6-43-12056

PLACE OF DEATH		The Commonwealth of Massachusetts		To be filed for burial permit with Board of Health or its Agent.	
1	<p>Summit (County)</p> <p>Wentworth (City or Town)</p> <p>No. Wentworth Community Hospital</p>			<p>OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS MEDICAL EXAMINER'S CERTIFICATE OF DEATH</p>	
		<p>Registered No. 79</p>		<p>St. (If death occurred in a hospital or institution, give its NAME instead of street and number)</p>	
2 FULL NAME		<p>Ellen G. Mahoney</p> <p>(If deceased is a married, widowed or divorced woman, give also maiden name.)</p>		<p>PHYSICIAN-IMPORTANT</p> <p>(Was deceased a U. S. War Veteran, if so specify WAR) No</p>	
(a) Residence, No. 12		<p>Thurston St. East Boston</p> <p>(Usual place of abode)</p>		<p>(If nonresident, give city or town and State)</p>	
Length of stay: In hospital or institution		<p>Hospital</p> <p>(Before death) (Specify whether)</p>		<p>months 7 days. In this community yrs. mos. 7 days.</p> <p>In E. B. 40 yrs</p>	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word)			
Female	White	MARRIED WIDOWED or DIVORCED Single			
5a If married, widowed, or divorced —					
HUSBAND of (Give maiden name of wife in full)					
(or) WIFE of (Husband's name in full)					
6 Age of husband or wife if alive — years					
7 IF STILLBORN, enter that fact here. —					
8 AGE 58 Years Months Days If less than 1 day Hours Minutes					
9 Occupation: House work					
10 Industry or Business: own home					
11 Social Security No. none					
12 BIRTHPLACE (City) Cambridge					
(State or country) Mass.					
13 NAME OF FATHER Dennis Mahoney					
14 BIRTHPLACE OF FATHER (City) Ireland					
(State or country)					
15 MAIDEN NAME OF MOTHER Johanna Kelleher					
16 BIRTHPLACE OF MOTHER (City) Cork					
(State or country) Ireland					
17 Informant Mrs. Geo. A. Russell (Relation) Daughter					
(Address) 12 Thurston St. E. B.					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:					
Walter F. Canale					
(Signature of Agent of Board of Health or other)					
Health Officer					
(Official Designation)					
(Date of Issue of Permit) 4/18/47					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH April - 17 - 1947					
(Month) (Day) (Year)					
19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)					
Balancing embolism, femoral thromboses, left iliac & left femoral					
Recent Septic Rt calf					
20 Accident, suicide, or homicide (specify)					
Date of occurrence 19					
Where did Injury occur? manner not determined					
(City or town and State)					
Did Injury occur in or about home, on farm, in industrial place, or in public place?					
(Specify type of place)					
Manner of Injury Said to have received an abrasion					
Nature of Injury 4 Right leg at E. Boston Mar 28 1947					
While at work? Was there an autopsy? Yes					
21 Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) W. J. Buckley M. D.					
(Address) Boston April 17 1947					
22 Holy Cross, Malden					
Place of Burial, Cremation or Removal (City or Town)					
DATE OF BURIAL April 21, 1947					
23 NAME OF FUNERAL DIRECTOR John C. Kelly					
ADDRESS 11 Mendon St., E. B.					
Received and filed APR 22 1947					
(Registrar)					

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE  
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

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#### STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person) .....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT



See instructions and extracts from the laws on back of certificate.  
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-0-4-14955

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

No. Winthrop Community Hosp.

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 80

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number) }

2 FULL NAME Walter Lincoln Calder  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 70 Cottage Park Road  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months 1 days. In this community 25 yrs. mos. days.

## PHYSICIAN - IMPORTANT

{ (Was deceased a  
U. S. War Veteran,  
if so specify WAR) }

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)  
MARRIED Married  
WIDOWED or DIVORCED

18 DATE OF DEATH April 21, 1947  
(Month) (Day) (Year)

5a If married, widowed or divorced, HUSBAND of Annie E Wells  
(Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from  
April 19, 1947, to April 21, 1947  
I last saw him alive on April 21, 1947, death is said to  
have occurred on the date stated above, at 11:42 p. m.

6 Age of husband or wife if alive 75 years

7 IF STILLBORN, enter that fact here.

8 AGE 82 2 Months 16 Days If less than 1 day  
Hours Minutes

Usual Occupation: Railroad Engineer (Retired)

10 Industry or Business: B. R. B. & L. Railroad

11 Social Security No. 031-05-7888

12 BIRTHPLACE (City) Chelsea  
(State or Country) Mass.

13 NAME OF FATHER Robert Calder

14 BIRTHPLACE OF FATHER (City) Boston  
(State or Country) Mass.

15 MAIDEN NAME OF MOTHER Elizabeth Ross

16 BIRTHPLACE OF MOTHER (City) Skowhegan  
(State or Country) Maine

17 Informant Annie E Calder Wife Relation, if any  
(Address) 70 Cottage Park Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed  
with me BEFORE the burial or transfer permit was issued:

Walter J. Baker  
(Signature of Agent of Board of Health or other)  
Health Officer (Date of Issue of Permit) 4/23/47

Immediate cause of death

Acute coronary thrombosis with  
acute pulmonary edema

Due to

Bronchopneumonia  
Due to Benign prostatic hypertrophy  
with urinary obstruction + uremia

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations

Date of

Of autopsy

What test confirmed diagnosis? Clinical & Laboratory

20 Was disease or injury in any way related to occupation of deceased?  
If so, specify No.

(Signed) Maurice T. Weinstein M. D.  
(Address) 562 Shirley St. Winthrop April 21, 1947

21 Riverview Groveland Mass.  
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL April 24 1947

22 NAME OF FUNERAL DIRECTOR Howard J. Reynolds  
ADDRESS Winthrop Mass.

Received and Filed

APR 30 1947

19

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION



State of Massachusetts. For use in cases of death in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-6-2-42-8855

PLACE OF DEATH

Suffolk  
(County)  
Winthrop  
(City or Town)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registrar No.

81

No.

Paul's Rest Home

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME

Anna Lawley

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

60 N Street

(Usual place of abode)

St. S. Boston

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

Rest Home

years 6 months days.

In this community

yrs. 3 mos.

days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

He

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Widowed

5a If married, widowed, or divorced  
HUSBAND of

(or) WIFE of

Edwin (Give maiden name of wife in full)

Anna Lawley (Husband's name in full)

6 Age of husband or wife if alive

Single

years

7 IF STILLBORN, enter that fact here.

8

AGE

75 Years 2 Months 9 Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

None

Industry

10 or Business:

Formerly housewife

11 Social Security No.

12 BIRTHPLACE (City)  
(State or country)Pleasant Harbor  
Nova Scotia13 NAME OF  
FATHER

John Beaver

14 BIRTHPLACE OF  
FATHER (City)  
(State or country)

Nova Scotia

15 MAIDEN NAME  
OF MOTHER

Sylvia Snyder

16 BIRTHPLACE OF  
MOTHER (City)  
(State or country)

Nova Scotia

PARENTS

17 Informant

John Clattenbury

Relation, if any

(Address)

405 Bury Everett

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
issued with me BEFORE the burial or transit permit was filed:

Walter H. Walker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATH

April

23

1947

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Jan.

1947, to

April 23

1947

I last saw her alive on April 23, 1947, death is said to

have occurred on the date stated above, at 7 A. m.

Immediate cause of death

Duration

Acute Coronary Thrombosis

IMPORTANT

Due to

② Arterio sclerotic heart  
disease with auricular  
fibrillation

Due to

Other conditions Senile psychosis due  
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations

Data of

Of autopsy

What test confirmed diagnosis?

Physician

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

Myron H. King

M. D.

(Address)

502 Shirley St.

Data April 23 1947

21 Woodlawn

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

April 26

1947

22 NAME OF

FUNDAL DIRECTOR

ADDRESS

S. M. Burroughs, Rpt. J. Belyea  
Dorchester

Received and Filed

APR 30 1947

19

(Registrar)

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where the same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contain a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Cchap. 114. Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114. Sec. 46. G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 38, Sec. 6.

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative fruitfulness of various pursuits can be known. Make some entry in the record for every person aged 10 years or over. If the occupation had been different or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

### SPACE FOR ADDITIONAL INFORMATION





The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. **82**

1 PLACE OF DEATH  
*Suffolk*  
(County)  
*Wintthrop*  
(City or Town)  
No. *101 Washington Ave*

SL (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME *Catherine Mullen*  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence, No. *101 Summit Ave*  
(Usual place of abode)

SL (If nonresident, give city or town and State)

Length of stay: In hospital or institution \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.  
(Before death) (Specify whether) In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED *Single*

18 DATE OF DEATH *April 26 1947*  
(Month) (Day) (Year)

5a If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(Give maiden name of wife in full)  
(or) WIFE of \_\_\_\_\_  
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from  
*Feb 15, 1947*, to *April 26, 1947*.  
I last saw h. *et* alive on *April 26, 1947*, death is said to  
have occurred on the date stated above, at *12 45 P. M.*

6 Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death \_\_\_\_\_ Duration

7 IF STILLBORN, enter that fact here.

*Chronic myocarditis* **IMPORTANT**  
*2 years*

8 AGE *73 73* Months \_\_\_\_\_ Days \_\_\_\_\_ | If less than 1 day  
Hours \_\_\_\_\_ Minutes \_\_\_\_\_

Due to \_\_\_\_\_

9 Occupation: *Housekeeper*

Due to \_\_\_\_\_

10 Industry or Business: *Domestic Service*

Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

11 Social Security No. *00-2080000*

12 BIRTHPLACE (City) *Rosconmone*  
(State or country) *Ireland*

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

13 NAME OF FATHER *John Mullen*

Date of \_\_\_\_\_

14 BIRTHPLACE OF FATHER (City) *Rosconmone*  
(State or country) *Ireland*

Of autopsy \_\_\_\_\_

15 MAIDEN NAME OF MOTHER *Margaret Sheehy*

What test confirmed diagnosis? *Clinical Signs*

16 BIRTHPLACE OF MOTHER (City) *Rosconmone*  
(State or country) *Ireland*

20 Was disease or injury in any way related to occupation of deceased? *No*  
If so, specify \_\_\_\_\_

17 Informant *Mrs. Margaret Sheehy* Relation, if any  
(Address) *21 Dally Rd. Wintthrop*

(Signed) *Wintthrop* M. D.  
(Address) *Wintthrop* Date *April 27 1947*

21 *Wintthrop* *Wintthrop*  
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL *April 30 1947*

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

22 NAME OF FUNERAL DIRECTOR *Wintthrop*

ADDRESS *Wintthrop*

(Signature of Agent of Board of Health or other)

Received and filed *MAY 5 1947*

(Official Designation) (Date of Issue of Permit) *4/30/47*

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

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### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-9-44-14955

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No.

83

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number) }

2 FULL NAME Margaret Wilson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 29 Crystal Cove Ave.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution  
(Before death)

Hosp

(Specify whether)

years

months 5

days.

In this community 42 yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED  
WIDOWED  
or DIVORCED Widowed5a If married, widowed or divorced  
HUSBAND of..

(Give maiden name of wife in full)

(or) WIFE of

Austin Wilson

(Husband's name in full)

6 Age of husband or wife if alive .....

years

7 IF STILLBORN, enter that fact here.

8 AGE 90 Years Months Days If less than 1 day  
Hours Minutes

Usual

9 Occupation: Housewife

Industry

10 or Business: At Home

11 Social Security No. Nne

12 BIRTHPLACE (City)  
(State or Country)

Ireland

13 NAME OF  
FATHER

Matthew Bryson

14 BIRTHPLACE OF  
FATHER (City)  
(State or Country)

England

15 MAIDEN NAME  
OF MOTHER

Margaret Wannet

16 BIRTHPLACE OF  
MOTHER (City)  
(State or Country)

Nova Scotia

17 Informant  
(Address)

Annie B Gould

(Niece if any)

272 Sea St Quincy Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed  
with me BEFORE the burial or transit permit was issued:

Walter S. B. Phelps

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

4/29/47

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATH

April

(Month)

26

(Day)

1947

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Oct. 27, 1946, 19, to Apr. 26, 1947

I last saw her alive on Apr. 26, 1947, death is said to  
have occurred on the date stated above, at 3.50 P.M. m.

Immediate cause of death

Bilateral pneumonitis with  
pleuritis on the right.

Due to

Due to

Other conditions Chr. myocarditis, Gen.

(Include pregnancy within 4 months of death)

arteriosclerosis, Mitral reg.

Acute laryngitis None

Major findings:  
Of operations

Of autopsy

None

Date of

What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased?  
If so, specify(Signed) Gerald W. Mickelson, M. D.  
(Address) Winthrop Mass., Date April 26, 1947

21 Place of Burial, Cremation or Reposal. Winthrop

DATE OF BURIAL

April 29

1947

22 NAME OF  
FUNERAL DIRECTOR

ADDRESS

Received and Filed

APR 30 1947

(Registrar)

19

Duration  
IMPORTANT

3 days

15yrs

IMPORTANT

Physician

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION



PLACE OF DEATH

Suffolk  
(County)

Winthrop  
(City or Town)

No. 120 Sargent Street

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD  
CERTIFICATE OF DEATH

Registrar's No.

84

2 FULL NAME Owen D Murphy  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 120 Sargent Street  
(Usual place of abode)

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

PHYSICIAN-IMPORTANT  
(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

Length of stay: In hospital or Institution (Specify whether) years months days. In this community 8 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Married

5a If married, widowed, or divorced Anna F Norton  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 57 years

7 IF STILLBORN, enter that fact here.

8 AGE 65 Years 10 Months Days If less than 1 day  
Hours Minutes

9 Occupation: Manager (Retired)

10 Industry or Business: Life Insurance

11 Social Security No. 025-01-5027

12 BIRTHPLACE (City)  
(State or country) Nova Scotia

13 NAME OF FATHER Connelius Murphy

14 BIRTHPLACE OF FATHER (City)  
(State or country) Nova Scotia

15 MAIDEN NAME OF MOTHER Sarah Nickerson

16 BIRTHPLACE OF MOTHER (City)  
(State or country) Nova Scotia

17 Informant Anna F Murphy Relation, if any  
(Address) 120 Sargent St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Official Designation Health Officer (Date of Issue of Permit) 5/11/47

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 28 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
April 28, 1947, to April 28, 1947  
I last saw him alive on April 28, 1947, death is said to

have occurred on the date stated above, at 2:18 P. M.

Immediate cause of death

Coronary thrombosis

Due to Coronary sclerosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Date of

Of autopsy

What test confirmed diagnosis?

Duration  
IMPORTANT

1 day

8 yrs.

IMPORTANT

Physician

Underline  
the cause to  
which death  
should be  
charged sta-  
tionally.

20 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) Thomas E. Wallace, M. D.

(Address) Roxbury, Mass. Date April 29, 1947

21 Oak Grove Medford  
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL May 1 1947

22 NAME OF FUNERAL DIRECTOR Raymond S. Bennett  
ADDRESS 1100 Broadway

Received and filed 19

A TRUE COPY ATTEST: MAY 6 1947 (Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

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(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

No.

363 Shirley

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

Registered No.

85

To be filed for burial permit  
with Board of Health  
or its Agent.St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

363 Shirley

St.

Winthrop, Mass.  
(If nonresident, give city or town and State)Length of stay: In hospital or institution  
(Before death)

(Specify whether)

years

months

days.

In this community 35 yrs.

mos.

days.

PHYSICIAN-IMPORTANT

{ (Was deceased a  
U. S. War Veteran,  
if so specify WAR)

No

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED  
WIDOWED  
or DIVORCED

Widow

5a If married, widowed or divorced

HUSBAND of.

(Give maiden name of wife in full)

(or) WIFE of

Samuel Goldstein  
(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE

94

Years

Months

Days

If less than 1 day

Hours

Minutes

9 Usual

Occupation:

Housework

10 Industry

or Business:

at Home

11 Social Security No.

none

12 BIRTHPLACE (City)

(State or Country)

Russia

13 NAME OF

FATHER

Abraham Glickman

14 BIRTHPLACE OF

FATHER (City)

(State or Country)

Russia

15 MAIDEN NAME

OF MOTHER

Ada (cannot be learned)

16 BIRTHPLACE OF

MOTHER (City)

(State or Country)

Russia By re-marriage

17 Informant

(Address)

Morris Rosenberg  
375 Shirley St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was filed  
with the BOARD the burial or transit permit was issued:Walter H. Baskett  
(Signature of Agent of Board of Health or other)Health Officer  
(Official Designation)

(Date of Issue of Permit)

4/30/47

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATH

April

(Month)

30

(Day)

1947.

(Year)

19

I HEREBY CERTIFY,

That I attended deceased from

Feb. -

1947, to

30 April, 1947

1947

I last saw her alive on

29 April, 1947.

death is said to

have occurred on the date stated above, at 5:00 A. M.

Immediate cause of death

Arteriosclerotic Ht. Disease

Due to

Arteriosclerosis

Due to

generalized.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

What test confirmed diagnosis?

Date of

clinical.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Charles L. Lickman, M. D.

Address 21 Winthrop Mass

Date 4/30/1947

Place of

Cremation of Removal

(City or Town)

DATE OF BURIAL

May 6

1947

22 NAME OF  
FUNERAL DIRECTOR

Basilian Pembach

ADDRESS

10 Washington St. Portland

Received and Filed

MAY 1 1947

19

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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RULES OF PRACTICE

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(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



PLACE OF DEATH		Suffolk (County)		Winthrop (City or Town)		No. 24 Underhill Street, Winthrop		St. (If death occurred in a hospital or institution, give its NAME instead of street and number)		To be filed for burial permit with Board of Health or its Agent.		Registered No. 86													
1 FULL NAME		Lewis G. H. Tucker										(If deceased is a married, widowed or divorced woman, give also maiden name.)													
(a) Residence, No.		24 Underhill St., Winthrop										St.		(If nonresident, give city or town and State)											
Length of stay: In hospital or institution		None										years		months		days.		In this community		55 yrs.		mos.		days.	
PERSONAL AND STATISTICAL PARTICULARS																									
3 SEX		4 COLOR OR RACE		5 SINGLE (write the word)		MARRIED		WIDOWED		or DIVORCED		Widowed													
5a If married, widowed, or divorced		Irene A. Thompson																							
HUSBAND of		(Give maiden name of wife in full)																							
(or) WIFE of		(Husband's name in full)																							
6 Age of husband or wife if alive		years																							
7 IF STILLBORN, enter that fact here.																									
8 AGE		71 Years		1 Months		28 Days		If less than 1 day		Hours		Minutes													
9 Usual Occupation:		Steward																							
10 Industry or Business:		Club																							
11 Social Security No.		018-12-3268																							
12 BIRTHPLACE (City) (State or country)		Lockport, New York																							
13 NAME OF FATHER		George H. Tucker																							
14 BIRTHPLACE OF FATHER (City) (State or country)		New York																							
15 MAIDEN NAME OF MOTHER		Mary Ann Dolan																							
16 BIRTHPLACE OF MOTHER (City) (State or country)		New York																							
17 Informant (Address)		Maxine Higginbotham-daughter 24 Underhill St., Winthrop																							
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:																									
(Signature of Agent of Board of Health or other)		Walter H. Kabley																							
(Official Designation)		Health Officer																							
(Date of Issue of Permit)		5/2/47																							
MEDICAL CERTIFICATE OF DEATH																									
18 DATE OF DEATH		April		30		1947																			
(Month)		(Day)		(Year)																					
19 I HEREBY CERTIFY, That I attended deceased from		Feb 7, 1945, to April 30, 1947																							
I last saw him/her alive on		April 30, 1947																							
death is said to have occurred on the date stated above, at		1130 E. m.																							
Immediate cause of death		Bronchogenic Carcinoma																							
Duration		6 mos																							
Due to																									
Due to																									
Other conditions (Include pregnancy within 8 months of death)																									
Major findings: Of operations																									
Date of																									
Of autopsy																									
What test confirmed diagnosis?		Bronchoscopy																							
20 Was disease or injury in any way related to occupation of deceased? If so, specify		No																							
(Signed)		H. B. Greenfield																							
(Address)		447 Winthrop St., Winthrop																							
Date		May 19, 1947																							
21 Winthrop Cemetery, Winthrop																									
Place of Burial, Cremation or Removal (City or Town)																									
DATE OF BURIAL		May 3rd, 1947																							
22 NAME OF FUNERAL DIRECTOR		Richard C. Kirby																							
ADDRESS		Boston, Massachusetts																							
Received and filed		19																							
MAY 6 1947																									
(Registrar)																									

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

Boston

(City or town making return)

COPY OF  
CERTIFICATE OF DEATH

Registered No.

3688

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Boston Floating Hospt 20 Ash

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Baby Girl Peters

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

145 Bowdoin St

St.

Winthrop Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months 1 days

In this community

yrs.

mos.

days

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE Years Months Days If less than 1 day  
10 Hours Minutes

Usual

9 Occupation:

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)  
(State or country)

Winthrop Mass.

13 NAME OF  
FATHER

John Peters

14 BIRTHPLACE OF  
FATHER (City)  
(State or country)

Georgia

15 MAIDEN NAME  
OF MOTHER

Edna Toomey

16 BIRTHPLACE OF  
MOTHER (City)  
(State or country)

Phila. Penna.

17 Informant

(Address)

Father Relation, if any

A TRUE COPY

ATTEST:

(Registrar of City or town where death occurred)

DATE FILED

April 22/47

19

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATH

April 20/47

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from  
April 20, 19 47, to April 20/47 19I last saw her alive on April 20, 19 47, death is said to  
have occurred on the date stated above, at 2:35P m.

Duration

Immediate cause of death

Prematurity

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

None

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Wm. V. Lulow

M. D.

(Address) 20 Ash St

Da 4-20

19 47

21 PLACE OF BURIAL, Winthrop Cem-Winthrop Mass.

CREMATION OR REMOVAL

(Cemetery)

(City or Town)

DATE OF BURIAL

April 22/47

19

22 NAME OF  
FUNERAL DIRECTOR  
ADDRESS

J F O'Maley

Winthrop Mass.

Received and filed

MAY 12 1947

19

(Registrar of City or Town where deceased resided)







WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50ms-(b)-6-44-14607

PLACE OF DEATH

1

Essex

(County)

Danvers

(City or Town)

No. Danvers State Hospital, Hathorne, Mass. (If death occurred in a hospital or institution, give its NAME instead of street and number)

## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSCOPY OF  
CERTIFICATE OF DEATH

Danvers

(City or town making return)

Registered No. 882 FULL NAME William A. McDougall  
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 390 Winthrop St., Winthrop, La St.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: in hospital or institution 9 years 9 months 9 days. In this community yrs. mos. days.  
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)  
MARRIED Married  
WIDOWED  
OR DIVORCED5a If married, widowed, or divorced  
HUSBAND of Mary Kammerer  
(Give maiden name of wife in full)  
(or) WIFE of Unknown  
(Husband's name in full)6 Age of husband or wife if alive Unknown years

7 IF STILLBORN, enter that fact here.

8 AGE 74 Years 0 Months 0 Days | If less than 1 day  
Hours 0 MinutesUsual  
9 Occupation:Industry  
10 or Business: Retired Shoe dealer11 Social Security No. None12 BIRTHPLACE (City) Boston  
(State or country) Mass.13 NAME OF  
FATHER Donald McDougall14 BIRTHPLACE OF  
FATHER (City) Nova Scotia, Canada  
(State or country)15 MAIDEN NAME  
OF MOTHER Eleanor (Cannot be learned)16 BIRTHPLACE OF  
MOTHER (City) Nova Scotia, Canada  
(State or country)17 Informant Mary K. McPhillips Relation, if any  
(Address) Hathorne, Mass.

A TRUE COPY.

ATTEST: [Signature]  
(Registrar of city or town where death occurred)DATE FILED May 6 19 47

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATH April 27 19 47  
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from  
April 18, 19 47, to April 27, 19 47  
I last saw him alive on April 27, 19 47, death is said to  
have occurred on the date stated above, at 7:50 P.m.Immediate cause of death  
Arteriosclerotic heart  
disease 5 yrs.

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations

Date of

Of autopsy ClinicalWhat test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased?

If so, specify Pasquale Buoniconto M. D.  
(Signed) Hathorne, Mass. Date 5/2 19 47  
(Address)21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. Everett  
(Cemetery) (City or Town)DATE OF BURIAL April 30 19 4722 NAME OF FUNERAL DIRECTOR Howard S. Reynolds  
ADDRESS Winthrop, Mass.Received and filed MAY 10 1947 19

(Registrar of City or Town where deceased resided)





DEPARTMENT OF COMMERCE  
Bureau of the Census

## STANDARD CERTIFICATE OF DEATH

STATE OF NEW HAMPSHIRE

Town or City

Clerk's No. 306

FULL NAME John Joseph McGrail

## 1. PLACE OF DEATH:

(a) County Hillsboro

(b) City or town Manchester

(c) Name of hospital or institution:

Elliot

(If not in hospital or institution write street number or location)

## (d) Length of stay:

In hospital or institution

(Specify whether years, months or days)

In this community

(Specify whether years, months or days)

3. (a) x x x x x x x x x x x x x x x x x x

(b) If veteran, name war

(c) Social Security No. 020-10-4379

4. Sex 5. Color—race 6. (a) Single, wid., mar., div.

M

W

M

6. (b) Name of husband or wife:

Catherine Herbert

(Full name—Maiden name, if wife)

6. (c) Age of husband or wife, if alive 45 years

7. Birth date of deceased Nov 15, 1905

(Month)

(Day)

(Year)

8. AGE: Years Months Days If less than one day

41

5

13

hrs. min.

9. Birthplace Brookline, Mass.

(City, Town, or County)

(State or Foreign Country)

10. Usual occupation Salesman

11. Industry or business Oil

12. Name Patrick McGrail

13. Birthplace Ireland

(City, Town, or County)

(State or Foreign Country)

14. Maiden name Ellen McGrail

Ireland

15. Birthplace

(City, Town, or County)

(State or Foreign Country)

16. (a) Informant's own signature Catherine McGrail

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mass.

(b) County Suffolk

(c) City or town Winthrop

(d) Street No. 57 Emerson Rd.

(If rural, give location)

(e) If foreign born, how long in U.S.A.? years

## MEDICAL CERTIFICATE

20. DATE OF DEATH: Month April day 28  
year 1947 hour 10 min. 30 A.m.21. I HEREBY CERTIFY that I attended the deceased from  
19....., to 19.....;

that I last saw h..... alive on 19.....;

and that death occurred on the date and hour  
stated above

## DURATION

Immediate cause of death

Probable acute coronary occlusion  
sudden death

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

## PHYSICIAN

Underline the  
cause to  
which death  
should be  
charged  
statistically

Major findings:

Of operations

Of autopsy

Please write  
the causes of  
death clearly  
and legibly22. If death was due to external causes, fill in the follow-  
ing:  
(Accident, suicide, or homicide (specify))

(b) Address 57 Emerson St.

17. (a) Burial

(Burial, Cremation, or Removal)

(b) Date thereof April 30, 1947

(Month) (Day) (Year)

(c) Place: Burial or cremation

Wintthrop Cemetery, Wintthrop, Mass.

18. (a) Signature of funeral

director John F. O'Malley

(b) Address Wintthrop, Mass.

Countersigned Howard A. Streeter

(Agent City Board of Health)

19. (a) 4-28-47

(Date rec. by City Bd. of Health) (b) (Date rec. by Town or city clerk.)

Signature of Town or City Clerk M. J. Quinn

Clerk of Manchester, NH

A true copy, Attest:

Manchester

Dated May 19, 1947

Address

M.D. or other MD

Date signed 4-28-47

Manchester, NH-Med. Ref.

23. SIGNATURE Robert E. Byron

While at work? (e) Means of injury

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

(c) Where did injury occur? (City or Town) (County) (State)

(b) Date of occurrence

(a) Accident, suicide, or homicide (specify)

MAY 23 1947



should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 45, Section 10, requires physicians to insert a recital to that effect.

100m. (g.) 1-45-15510

1 PLACE OF DEATH

*Suffolk*  
(County)  
*Wentworth*  
(City or Town)  
No. *11 Sea Foam Ave.*



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.  
Registered No. **90**

2 FULL NAME

*Philip Vincent Pettif*  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

SL (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR) *No*

(a) Residence, No.

*11 Sea Foam Ave.*

St.

*Wentworth Mass*  
(If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death)

(Specify whether)

years

months

days

In this community *10* yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

*Male*

*White*

*Married*

5a If married, widowed, or divorced HUSBAND of

(or) WIFE of

*Joseph Edward Pettif*  
(Give maiden name of wife in full)  
(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE *68* Years Months Days

If less than 1 day

Hours Minutes

Usual

9 Occupation:

*Housework*

Industry

10 or Business:

*at home*

11 Social Security No.

*none*

12 BIRTHPLACE (City)

(State or country)

*Russia*

13 NAME OF FATHER

14 BIRTHPLACE OF FATHER (City)

(State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City)

(State or country)

*Julia Pettif*

*Russia*

*Julia Pettif*

*Russia*

17

Informant (Address)

*7 Maple St. Weymouth Mass*

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

*Walter H. Bane*  
(Signature of Agent of Board of Health or other Health Officer)

(Official Designation)

(Date of Issue of Permit) *5/2/47*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

*May 2*

*1947*

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

*January* 19*47*, to *May 2*, 19*47*

I last saw him alive on *May 2*, 19*47*, death is said to

have occurred on the date stated above, at *5:35 A* m.

Immediate cause of death

*Coronary thrombosis*  
*Due to hypertensive and atherosclerotic heart disease*

Duration

IMPORTANT

*6 hrs*

*1 year*

*2 years*

IMPORTANT

Physician

Underline the cause to which death should be charged statistically

Other conditions (Include pregnancy within 8 months of death)

*Diabetes mellitus*  
*Right leg amputated*

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? *clinical*

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

DATE OF BURIAL

22 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed

19

MAY 6 1947

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-0-44-14955

PLACE OF DEATH

*Suffield*  
(County)  
*Shuttrap*  
(City or Town)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. **91**

No. **233** *Hardide Ave*

St. { If death occurred in a hospital or institution, give its NAME instead of street and number }

2 FULL NAME *Blanche H. Anderson*  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

**PHYSICIAN-IMPORTANT**  
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. **233** *Hardide Ave* St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community **3** yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M** 4 COLOR OR RACE **W.** 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED *Widowed*

5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of *Elbridge H. Anderson* (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE **78** Years **11** Months **27** Days If less than 1 day Hours Minutes

9 Usual Occupation: *Housewife*  
10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) *Chelsea* (State or Country) *Mass.*

13 NAME OF FATHER *Donald Webster*

14 BIRTHPLACE OF FATHER (City) *Chelsea* (State or Country) *Mass.*

15 MAIDEN NAME OF MOTHER *Ellen Butler* *Butler*

16 BIRTHPLACE OF MOTHER (City) *Chelsea* (State or Country) *Mass.*

17 Informant *Franklin F. Noble* (Address) *Shuttrap Mass* (Relation, if any) *son*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

*Walter A. Baker*  
(Signature of Agent of Board of Health or other)

*Health Officer* (Official Designation) **5/3/47** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *May 3 1947*  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *April 3 1947* to *May 3 1947*  
I last saw her alive on *May 3 1947*, death is said to have occurred on the date stated above, at *0:30 A. M.*

Immediate cause of death

*Arteriosclerotic heart disease* 5 years  
Due to *Congestive Failure* 3 mos.

Due to *Chronic Interstitial Nephritis* 2 years

Other conditions *Uremia*  
(Include pregnancy within 3 months of death)

Major findings: *none*  
Of operations

Date of

Of autopsy *none*

What test confirmed diagnosis? *clinical & lab.*

20 Was disease or injury in any way related to occupation of deceased? *No*  
If so, specify

(Signed) *Jacob J. Chavis M.D.* M. D.  
(Address) *62 Shute St* Date *May 3 1947*

21 *Home Burial* Place of Burial, Cremation or Removal. (City or Town) *Salem*

DATE OF BURIAL *May 6 1947*

22 NAME OF FUNERAL DIRECTOR *William L. Moody*  
ADDRESS *9 Am St. Beverly, Mass*

Received and Filed

**MAY 6 1947**

19

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

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## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

Boston

(City or town making return)

COPY OF  
CERTIFICATE OF DEATH

Registered No. 4206 92

PLACE OF DEATH

SUFFOLK  
(County)  
BOSTON

(City or Town)

No. N.E. Baptist Hospital

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)2 FULL NAME Ina B Mason  
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (If U. S.  
War Veteran,  
specify WAR)(a) Residence, No. 583 Shirley  
(Usual place of abode)

St. Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution. years months 2 days 4 In this community yrs. mos. 2 days 4  
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE (write the word)  
MARRIED Married  
WIDOWED  
or DIVORCED5a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of Allen Mason  
(Husband's name in full)

6 Age of husband or wife if alive 67 years

7 IF STILLBORN, enter that fact here.

8 AGE 54 Years 5 Months 16 Days | If less than 1 day  
Hours Minutes

Usual Occupation: Registered Nurse

Industry Private  
10 or Business:11 Social Security No. None  
Pubnico N.S.12 BIRTHPLACE (City) Pubnico N.S.  
(State or country)

13 NAME OF FATHER Locke A Larkin

14 BIRTHPLACE OF FATHER (City) Nova Scotia  
(State or country)

15 MAIDEN NAME OF MOTHER Alicia E Brand

16 BIRTHPLACE OF MOTHER (City) Nova Scotia  
(State or country)17 Informant Husband Relation, if any  
(Address)A TRUE COPY. Attest: [Signature]  
(Registrar of city or town where death occurred)

DATE FILED May 7 19 47

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 4/47  
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from  
March 12, 19 47, to May 4, 19 47  
I last saw her alive on May 4, 19 47, death is said to  
have occurred on the date stated above, at 5 PM m. DurationImmediate cause of death  
Metastatic carcinomatosis

Dua to Carcinoma of stomach 7 Mos.

Dua to

Other conditions (Include pregnancy within 3 months of death) Physician

Major findings: Inoperable carcinoma  
Of operations of stomach Date of 3-14-47

Of autopsy Underline the cause to which death should be charged statistically.

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify N W Swinton M. D.  
(Signed) Lehey Clinic Boston 5-4 19 47  
(Address)21 PLACE OF BURIAL, Laurel Hill Cem-Pubnico N.S.  
CREMATION OR REMOVAL (City or Town)

DATE OF BURIAL May 10/47 19

22 NAME OF FUNERAL DIRECTOR W C Goodrich  
ADDRESS Lynn Mass.

Received and filed MAY 12 1947 19

(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)





PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 81 Sunnyside Ave.



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

(City or town making return)

Registrar's No.

93

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Emma L (Wilson) Tewksbury

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

81 Sunnyside Ave.

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution

(Before death)

(Specify whether)

years

months

days.

In this community

48 yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED  
WIDOWED  
or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

57

years

7 IF STILLBORN, enter that fact here.

8

AGE

56

Years

5

Months

9

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Housewife

Industry

10 or Business:

At Home

11 Social Security No.

None

12 BIRTHPLACE (City)

East Boston

(State or country)

Mass.

13 NAME OF

FATHER

Charles Wilson

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Norway

15 MAIDEN NAME

OF MOTHER

Emma Anderson

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Sweden

17

Myron W Tewksbury

(Relationship)

Informant

(Address)

81 Sunnyside Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

May 4th

1947

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

August 1944

to

May 4

1947

I last saw her alive on

May 4

1947

death is said to

have occurred on the date stated above, at 12:15 P. M.

Immediate cause of death

Nephrosclerosis and uremia

Duration

IMPORTANT 6 months

Due to

Generalized arterio-sclerosis of the brain and heart

3 years

Due to

Diabetes mellitus

4 years

Other conditions

(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

clinical

Physician

Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

Low blood pressure

(Signed)

(Address)

Winthrop

Date

5/5

1947

21 Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

May 6

1947

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

Howard S. Reynolds  
Winthrop, Mass.

Received and filed

19

MAY 17 1947

(Registrar)

A TRUE COPY ATTEST:

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

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(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSRUTLAND  
(City or town making return)COPY OF  
CERTIFICATE OF DEATH

Registered No. 94

PLACE OF DEATH

WORCESTER

(County)

RUTLAND

(City or Town)

No. Jewish Tuberculosis Sanatorium St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank C. Fish  
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 25 Perkins St. Winthrop, Mass.  
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In hospital or institution. 0 years 0 months 19 days. In this community yrs. mos. days.  
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

5a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 68 Years 7 Months 28 Days | If less than 1 day Hours Minutes

Usual Occupation: Mechanic

Industry  
10 or Business:

11 Social Security No. 184 50 3577

12 BIRTHPLACE (City) London  
(State or country) England

13 NAME OF FATHER John Fish

14 BIRTHPLACE OF FATHER (City) London  
(State or country) England

15 MAIDEN NAME OF MOTHER Rebecca Tinker

16 BIRTHPLACE OF MOTHER (City) Campobello  
(State or country) New Brunswick17 Informant Hospital records (Relation, if any)  
(Address)

A TRUE COPY.

ATTEST: Francis P. Hanff  
(Registrar of city or town where death occurred)

DATE FILED May 7, 1947 19

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 5, 1947  
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from April 17, 1947, to May 5, 1947.  
I last saw him alive on May 5, 1947, death is said to have occurred on the date stated above, at 11:10 P.M.

Immediate cause of death: Chronic pulmonary tuberculosis 5 years

Due to Emphysema, pulmonary

Due to Arteriosclerosis  
Congestive heart failureOther conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations.Date of \_\_\_\_\_  
Of autopsy \_\_\_\_\_What test confirmed diagnosis? \_\_\_\_\_  
20 Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_If so, specify Otto Stern, M. D.  
(Signed) Rutland, Mass. Date 5/5 1947  
(Address)21 PLACE OF BURIAL, Hillside, Eastport, Me.  
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL May 1947 19

22 NAME OF FUNERAL DIRECTOR Frank H. Miles Co.  
ADDRESS Ellerson, Mass.

Received and filed JUN 1 1947 19

(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case one deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-803 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)





The Commonwealth of Massachusetts

BOSTON

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF  
CERTIFICATE OF DEATH

Registered No. 42095

PLACE OF DEATH

SUFFOLK  
(County)  
BOSTON

(City or Town)

No. Boston State Hospt

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)2 FULL NAME John Melillo  
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.  
War Veteran,  
specify WAR)(a) Residence, No. 120 Herman  
(Usual place of abode)

St. Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution 39 years 8 months 24 days. In this community yrs. mos. days.  
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word)  
MARRIED WIDOWED Single  
or DIVORCED18 DATE OF DEATH May 5/47  
(Month) (Day) (Year)5a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)19 I HEREBY CERTIFY, That I attended deceased from  
April 25, 19 47 to May 5, 1947  
I last saw her alive on May 5/47, 19, death is said to  
have occurred on the date stated above, at 6:55AM m.

Duration

6 Age of husband or wife if alive years

Immediate cause of death

Peritonitis, acute generalized  
Perforation of ulcer

11 Das.

11 Das.

8 AGE 65 Years Months Days | If less than 1 day  
Hours Minutes

Due to

Due to Ulcer, gastric

25 Yrs

9 Usual Occupation: Retired

10 Industry or Business: Musician

11 Social Security No. ---

12 BIRTHPLACE (City) Finland  
(State or country)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Perforated gastric ulcer  
Of operations

Date of 4-30-47

Of autopsy Clinical.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J S Lichty M. D. 47  
(Address) Mass. General Hospt Date 5-5 1921 PLACE OF BURIAL, Fern Hill Hanson Mass.  
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL May 8/47 19

22 NAME OF FUNERAL DIRECTOR J J Shepherd & Sons Inc.  
ADDRESS Whitman Mass.

Received and filed MAY 12 1947 19

(Registrar of City or Town where deceased resided)

PARENTS

13 NAME OF FATHER --- Koljonen

14 BIRTHPLACE OF FATHER (City) Finland  
(State or country)

15 MAIDEN NAME OF MOTHER ---

16 BIRTHPLACE OF MOTHER (City) Finland  
(State or country)17 Informant Mrs. W. Be(r) Relationship Daughter  
(Address)

A TRUE COPY.

ATTEST Michael J. Manning  
(Registrar or city or town where death occurred)

DATE FILED May 7/47 19

Copies of records of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)





terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (g)-1-45-15510

PLACE OF DEATH

Suffolk  
(County)

Winthrop  
(City or Town)

No. 20 Neptune Ave



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

96

Registered No. ....

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Mary A. Donahue Mc Carthy

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 20 Neptune Ave  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years ..... months ..... days. In this community 45 yrs. mos. days.  
(Before death) (Specify whether)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)  
MARRIED Widowed  
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of Cornelius P. McCarthy  
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 67 Years ..... Months ..... Days | If less than 1 day  
Hours ..... Minutes

Usual Occupation: Housewife

Industry Own Home  
10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)  
(State or country) Ireland

13 NAME OF FATHER Daniel Donahue

14 BIRTHPLACE OF FATHER (City)  
(State or country) Ireland

15 MAIDEN NAME OF MOTHER Mary Lucey

16 BIRTHPLACE OF MOTHER (City)  
(State or country) Ireland

17 Informant Henry P. McCarthy (Son)  
(Address) 20 Neptune Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 7 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
January, 1947, to May 6, 1947

I last saw her alive on May 6, 1947, death is said to  
have occurred on the date stated above, at 9:12 A. m.

Immediate cause of death..... Duration

Due to Chronic myocarditis months

Due to Generalized arteriosclerosis years

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings: Of operations..... Date of..... Physician

Of autopsy none Underline the cause to which death should be charged statistically

What test confirmed diagnosis? clinical

20 Was disease or injury in any way related to occupation of deceased? no  
If so, specify.....

(Signed) J. P. O'Malley M. D.  
(Address) Winthrop, Mass. Date 8 May 1947

21 Place of Burial, Cremation or Removal Winthrop Winthrop  
DATE OF BURIAL May 10 1947

22 NAME OF FUNERAL DIRECTOR John F. O'Malley  
ADDRESS Winthrop Mass

Received and Read MAY 17 1947 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



PLACE OF DEATH

Suffolk  
(County)  
Winthrop  
(City or Town)The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 97

No. 36 Wave Way Ave.,

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Abraham Marcus  
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 36 Wave Way Ave., St. Winthrop  
(Usual place of abode)PHYSICIAN-IMPORTANT  
(Was deceased a U. S. War Veteran, if so specify WAR) No

(If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community 34 yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

Male White MARRIED Married

5a If married, widowed or divorced

HUSBAND of

Bessie Rabusen  
(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive 66 years

7 IF STILLBORN, enter that fact here.

8 AGE 68 Years Months Days If less than 1 day Hours Minutes

Usual

9 Occupation:

Haberdasher

10 Industry or Business:

Retired

11 Social Security No.

none

12 BIRTHPLACE (City)

Russia

13 NAME OF FATHER

Israel Myer Marcus

14 BIRTHPLACE OF FATHER (City)

Russia

15 MAIDEN NAME OF MOTHER

Michla (cannot be learned)

16 BIRTHPLACE OF MOTHER (City)

Russia

17 Informant (Address)

Harry Marcus (Son) 202 Rawson Rd. Brookline

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter H. Baker  
(Signature of Agent of Board of Health or other)Health Officer 5/12/47  
(Official Designation) (Date of Issue of Permit)

18 DATE OF DEATH

May 11th

1947  
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from August 1946 to May 11, 1947  
I last saw him alive on May 11th 1947 death is said to have occurred on the date stated above, at 10 35A m.

Immediate cause of death

Coronary thrombosis

Duration

IMPORTANT  
3 days

Due to

Hypertensive and coronary heart disease

5 years

Due to

Generalized arteriosclerosis

4 years

Other conditions

left hemiplegia  
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings: Of operations

Physician

Underline the cause to which death should be charged statistically.

Of autopsy

Date of

What test confirmed diagnosis?

clinical

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed)

(Address)

(Address)

21

Place of Burial, Crematorium or Removal.

DATE OF BURIAL

22 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and Filed

MAY 17 1947

(Registrar)

19

**EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE**

**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE \_\_\_\_\_

DATE OF DISCHARGE \_\_\_\_\_

RANK, RATING \_\_\_\_\_

ORGANIZATION AND OUTFIT \_\_\_\_\_

SERVICE NUMBER \_\_\_\_\_



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

BOSTON

(City or town making return)

COPY OF  
CERTIFICATE OF DEATH

Registered No. 4458 **98**

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. 5 WINDEMERE RD

SL (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

AIMEE M NORTON

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

101 SUMMIT AVE

SL

WINTHROP

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months 12 days

In this community

yrs.

mos.

12 yrs.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

FEMALE

4 COLOR OR RACE

WHITE

5 SINGLE (write the word)

MARRIED

WIDOWED

OR DIVORCED

MARRIED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

CHARLES F. NORTON

(Husband's name in full)

6 Age of husband or wife if alive

81

years

7 IF STILLBORN, enter that fact here.

8

AGE 79 Years 6 Months 19 Days

If less than 1 day

Hours Minutes

Usual

9 Occupation:

HOUSEWIFE

Industry

10 or Business:

OWN HOME

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

ENGLAND

13 NAME OF

FATHER

GEORGE HARDIE

14 BIRTHPLACE OF

FATHER (City)

(State or country)

ENGLAND

15 MAIDEN NAME

OF MOTHER

CATHERINE BOLTON

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

ENGLAND

17

Informant  
(Address)

HUSBAND

(Relation, if any)

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

MAY 15/47

19

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATH

MAY 11/47

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from  
APR 2/47, 19, to 5/11/47, 19I last saw him alive on 5/11/47, 19, death is said to  
have occurred on the date stated above, at 11:55 a.m.

Duration

Immediate cause of death

PULMONARY INFARCTION

Due to

CARCINOMA STOMACH

MOB.

Due to

PULMONARY INFARCT

DY

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

MAY 3/47 AT PYLORIC END OF STOMACH

Of autopsy

NO

What test confirmed diagnosis? SURGERY

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

F. HENDERSON

M. D.

(Address)

BOSTON

Date

5/11/47

21 PLACE OF BURIAL

CREMATION OR REMOVAL

WINTHROP WINTHROP

(Cemetery)

(City or Town)

DATE OF BURIAL

MAY 14/47

19

22 NAME OF

FUNERAL DIRECTOR

H. REYNOLDS

ADDRESS

MALDEN

Received and filed

MAY 29 1947

19

(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-303 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)





term, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m(t)-1-44-11634

1 PLACE OF DEATH

Suffolk  
(County)

Winthrop  
(City or Town)

No. 146 Somerset Avenue

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Albert Rockwood

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 146 Somerset Avenue  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community 40 yrs. mos. days.  
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED married

5a If married, widowed, or divorced HUSBAND of Nellie Esther Greene May 5, 1947, to May 11, 1947.  
(Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 63 years

7 IF STILLBORN, enter that fact here.

8 AGE 76 Years 9 Months 28 Days | If less than 1 day Hours Minutes

9 Occupation: retired floor supt.

10 Industry or Business: R.H. Sterns Dry Goods Store

11 Social Security No. 012-14-1059

12 BIRTHPLACE (City) Ashburnham  
(State or country) Mass.

13 NAME OF FATHER Charles F. Rockwood

14 BIRTHPLACE OF FATHER (City) Fitchburg  
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Martha A. Baker

16 BIRTHPLACE OF MOTHER (City) Lunningburg  
(State or country) Mass.

17 Informant Mrs. Nellie Rockwood Relation, (any)  
(Address) 146 Somerset Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued:

Walter H. Case  
(Signature of Agent of Board of Health or other)

Health Officer 5/14/47  
(Official Designation) (Date of Issue of Permit)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent. 99

Registered No.

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR.) No.

18 DATE OF DEATH May 11 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 5, 1947, to May 11, 1947.

I last saw him alive on May 10, 1947, death is said to have occurred on the date stated above, at 12:30 P. M.

Immediate cause of death

Cerebral Hemorrhage

Duration

IMPORTANT

5 days

One to

One to

Other conditions Sen. Arterio Sclerosis 5 yrs  
(include pregnancy within 8 months of death)

IMPORTANT

Major findings: Of operations

Physician

Of autopsy

Underline the cause to which death should be charged statistically.

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) Harry A. French M. D.  
(Address) 220 Pleasant St. Date May 12 1947

21 Forest Hill Cem. Fitchburg, Mass.  
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL May 14, 1947

22 NAME OF FUNERAL DIRECTOR C. B. March

ADDRESS 174 Winthrop St. Winthrop, Mass

Received and filed MAY 17 1947

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.


SPACE FOR ADDITIONAL INFORMATION



should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

50m. (f). 6-43-12056

<p><b>PLACE OF DEATH</b></p> <p>1 <u>Suffolk</u> (County)</p> <p><u>Winthrop</u> (City or Town)</p> <p>No. <u>Winthrop Community Hospital</u></p>		 <p>The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS <b>MEDICAL EXAMINER'S CERTIFICATE OF DEATH</b></p>		<p>To be filed for burial permit with Board of Health or its Agent.</p> <p>Registered No. <u>100</u></p>	
<p>2 FULL NAME <u>Adeline Smith</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)</p> <p>(a) Residence. No. <u>125 Cliff Ave Winthrop</u> St. _____ (Usual place of abode) (If nonresident, give city or town and State)</p> <p>Length of stay: In hospital or institution <u>Hospital</u> years <u>1</u> months <u>16</u> days. In this community <u>41</u> yrs. mos. days. (Before death) (Specify whether)</p>		<p><b>PHYSICIAN-IMPORTANT</b></p> <p>(Was deceased a U. S. War Veteran, if so specify WAR) _____</p>		<p>St. (If death occurred in a hospital or institution, give its NAME instead of street and number)</p>	
<p><b>PERSONAL AND STATISTICAL PARTICULARS</b></p>					
<p>3 SEX <u>Female</u></p> <p>4 COLOR OR RACE <u>White</u></p> <p>5 SINGLE (write the word) <u>WIDOWED</u> MARRIED or DIVORCED</p>		<p>18 DATE OF DEATH <u>May - 14 - 1947</u> (Month) (Day) (Year)</p>			
<p>5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)</p> <p>(or) WIFE of <u>Nathan Smith</u> (Husband's name in full)</p>		<p>19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: <u>if an injury was involved, state fully.</u> <u>arterio Sclerotic Heart Disease</u> <u>Recent fracture Rt. femur</u></p>			
<p>6 Age of husband or wife if alive _____ years</p> <p>7 IF STILLBORN, enter that fact here.</p>		<p>20 Accident, suicide, or homicide (specify) <u>accidental</u> Date of occurrence <u>Mar - 31 - 1947</u> Where did injury occur? <u>Winthrop</u> (City or town and State)</p>			
<p>8 AGE <u>77</u> Years _____ Months _____ Days _____ If less than 1 day _____ Hours _____ Minutes _____</p> <p>9 Occupation: <u>Housewife</u></p> <p>10 Industry or Business: <u>Own Home</u></p>		<p>Did injury occur in or about home, on farm, in industrial place, or in public place? _____ (Specify type of place)</p> <p>Manner of Injury <u>fell accidentally to floor at</u> Nature of Injury <u>Winthrop Mar - 31 - 1947</u> While at work? _____ Was there an autopsy? <u>no</u></p>			
<p>11 Social Security No. _____</p> <p>12 BIRTHPLACE (City) <u>Somerville</u> (State or country) <u>Mass</u></p>		<p>21 Was disease or injury in any way related to occupation of deceased? _____ If so, specify <u>Mr. J. Brickley</u>, M. D. (Signed) <u>Boston</u> <u>March - 14 - 1947</u> (Address)</p>			
<p><b>PARENTS</b></p> <p>13 NAME OF FATHER <u>Charles C. Warren</u></p> <p>14 BIRTHPLACE OF FATHER (City) <u>Rumford Falls</u> (State or country) <u>Me.</u></p> <p>15 MAIDEN NAME OF MOTHER <u>Mary J. Connolly</u></p> <p>16 BIRTHPLACE OF MOTHER (City) <u>Ireland</u> (State or country)</p>		<p>22 <u>St. Pauls</u> <u>Arlington</u> Place of Burial, Cremation or Removal. (City or Town)</p> <p>DATE OF BURIAL <u>May 16 1947</u></p>			
<p>17 Informant <u>Claire Roome</u> (Daughter) <u>68 Beacon St. Winthrop</u> (Address)</p>		<p>23 NAME OF FUNERAL DIRECTOR <u>John H. O'Malley</u> ADDRESS <u>Winthrop</u></p>			
<p>I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>Walter S. Bailey</u> (Signature of Agent of Board of Health or other) <u>Health Officer</u> (Official Designation) <u>5-15-47</u> (Date of Issue of Permit)</p>					
<p>Received and filed <u>MAY 17 1947</u> 19____ (Registrar)</p>					

# COMMONWEALTH OF MASSACHUSETTS

## GOVERNING THE

### RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

## STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

## DESCRIPTION (for unknown person)

**NOTICE TO UNDERTAKERS:** No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT



DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100 M-7-46-19068

PLACE OF DEATH

No.

Suffolk (County)

Winthrop (City or Town)

Winthrop Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)}

2 FULL NAME (Baby, Girl) (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. (Usual place of abode)

Length of stay: In hospital or institution (Before death) (Specify whether)

years months days

In this community yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED  
WIDOWED  
or DIVORCED5a If married, widowed or divorced  
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8 AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

9 Occupation:

10 Industry  
or Business:

11 Social Security No.

12 BIRTHPLACE (City)  
(State or Country)13 NAME OF  
FATHER14 BIRTHPLACE OF  
FATHER (City)  
(State or Country)15 MAIDEN NAME  
OF MOTHER16 BIRTHPLACE OF  
MOTHER (City)  
(State or Country)

PARENTS

17 Informant (Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

STANDARD

## CERTIFICATE OF DEATH

Registered No.

To be filed for burial permit  
with Board of Health  
or its Agent

101

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## PHYSICIAN-IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(If nonresident, give city or town and State)

years months days

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 16, 1947, to May 16, 1947

I last saw him alive on May 16, 1947, death is said to

have occurred on the date stated above, at 6:45 p.m.

Immediate cause of death

Due to

Anencephalia (stillborn)

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Date

21 Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

22 NAME OF  
FUNERAL DIRECTOR

ADDRESS

Received and Filed

MAY 21 1947

19

(Registrar)

19

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19

19

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

BOSTON

(City or town making return)

COPY OF  
CERTIFICATE OF DEATH

Registered No.

4574

102

PLACE OF DEATH

(SUFFOLK  
County)  
BOSTON



(City or Town)

No. Mass. Memorial Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alexander Mourad  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 72 Hermon  
(Usual place of abode)

St. Winthrop Mass.  
(If nonresident, give city or town and State)

Length of stay: In hospital or institution... years months 23 days. In this community 25 yrs. mos. days.  
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word) MARRIED Widowed Married or DIVORCED

5a If married, widowed, or divorced Florence E Moore  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 65 years

7 IF STILLBORN, enter that fact here.

8 AGE 69 Years 5 Months 18 Days | If less than 1 day  
Hours Minutes

Usual Occupation: Rug Repairer

Industry Oriental Rug Co. Boston  
10 or Business:

11 Social Security No. 010-07-8712

12 BIRTHPLACE (City) Turkey  
(State or country)

PARENTS

13 NAME OF FATHER Aram M Mourad O.K.

14 BIRTHPLACE OF FATHER (City) Turkey  
(State or country)

15 MAIDEN NAME OF MOTHER Mariam DerGarpor

16 BIRTHPLACE OF MOTHER (City) Turkey  
(State or country)

17 Informant Wife (Relation, if any)  
(Address)

A TRUE COPY.

ATTEST: Michael J. Manning  
(Registrar of city or town where death occurred)

DATE FILED May 19 1947

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 16/47  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 24, 1947 to May 16, 1947  
I last saw him alive on May 16, 1947, death is said to have occurred on the date stated above, at 8:30AM m.

Immediate cause of death: Lobar pneumonia-right upper lobe 4-5 Days

Due to Carcinoma of head of pancreas and operation therefor

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Ca. of head of pancreas  
Of operations: resection pylorus duodenum  
head of pancreas Date of 5-3-47  
~~stomach~~ superficial vein ligation 5-15-47

What test confirmed diagnosis? autopsy

20 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) C A Powell M. D.  
(Address) Mass Mem. Hospt Date 5-16-1947

21 PLACE OF BURIAL Winthrop Cem- Winthrop Mass.  
CREMATION OR (Cemetery) (City or Town)

DATE OF BURIAL May 19/47 19

22 NAME OF FUNERAL DIRECTOR A Marsh  
ADDRESS Winthrop Mass.

Received and filed MAY 29 1947 19

(Registrar of City or Town where deceased resided)





Be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, require physicians to insert a recital to that effect.

100m. (G)-1-45-15510



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. **103**

1 PLACE OF DEATH  
Suffolk  
(County)  
Winthrop  
(City or Town)  
No. Winthrop Community Hosp.

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Baby Boy Goddard  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence. No. 18 Read Street  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community yrs. mos. days.  
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)		
6 Age of husband or wife if alive years		
7 IF STILLBORN, enter that fact here. Stillborn		
8 AGE Years Months Days   If less than 1 day Hours Minutes		
9 Occupation:		
10 Industry or Business:		
11 Social Security No.		
12 BIRTHPLACE (City) Winthrop (State or country)		
13 NAME OF FATHER Earl K Goddard		
14 BIRTHPLACE OF FATHER (City) Roslindale (State or country) Mass.		
15 MAIDEN NAME OF MOTHER Madell Ramsey		
16 BIRTHPLACE OF MOTHER (City) Winthrop (State or country) Mass.		
17 Informant Hospital Records (Relation, if any) (Address) Winthrop Community		

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 17 1947 (Month) (Day) (Year)	19 I HEREBY CERTIFY, That I attended deceased from 17 May 1947, to 17 May 1947. I last saw him alive on 19, death is said to have occurred on the data stated above, at m. Duration
Immediate cause of death Stillborn	IMPORTANT 1947
Due to prolonged work	1947
Due to premature labor	1947
Other conditions (Include pregnancy within 3 months of death)	IMPORTANT
Major findings: Of operations	Physician
Date of	Underline the cause to which death should be charged statistically.
Of autopsy	
What test confirmed diagnosis?	

20 Was disease or injury in any way related to occupation of deceased? If so, specify	21 Place of Burial, Cremation or Removal Winthrop Winthrop (City or Town)
(Signed) M. D. 2-23 1947 (Address) Winthrop	DATE OF BURIAL May 23 1947
22 NAME OF FUNERAL DIRECTOR	23 Received and filed MAY 26 1947 (Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued

Walter S. Baker  
(Signature of Agent of Board of Health or other)

40 (Official Designation) Date of Issue of Permit May 23/47

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten or chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(d)-6-43-12056

PLACE OF DEATH		The Commonwealth of Massachusetts		OFFICE OF THE SECRETARY		BOSTON	
1		SUFFOLK (County)		BOSTON (City or town making return)		Registered No. 4794	
1		Bay State Hospital		St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)			
2 FULL NAME		Frederick Shackley		{ (If U. S. War Veteran, specify WAR) WW #1			
(If deceased is a married, widowed or divorced woman, give also maiden name.)							
(a) Residence. No. 241 Washington		Winthrop Mass.		(If nonresident, give city or town and State)			
(Usual place of abode)							
Length of stay: In hospital or institution		years		months		days.	
(Before death)		(Specify whether)		In this community 18 yrs.		mos. days.	
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3 SEX M		4 COLOR OR RACE W		5 SINGLE (write the word) MARRIED Married		18 DATE OF DEATH May 18/47	
						(Month) (Day) (Year)	
5a If married, widowed, or divorced HUSBAND of Cecelia V Doyle				19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)			
(or) WIFE of (Give maiden name of wife in full)				General Peritonitis			
(Husband's name in full)				Acute Cholecystitis			
6 Age of husband or wife if alive 49 years				Atrophic Cirrhosis of Liver			
7 IF STILLBORN, enter that fact here.							
8 AGE 56 Years 5 Months Days   If less than 1 day Hours Minutes				20 Accident, suicide, or homicide (specify)			
9 Occupation: Statistician				Date of occurrence 19			
10 Industry or Business: O.P.A.				Where did Injury occur? (City or town and State)			
11 Social Security No. 025-14-9205				Did Injury occur in or about the home, on farm, in industrial place, or in public place? (Specify type of place)			
12 BIRTHPLACE (City) Cambridge Mass.				Manner of Injury Collapsed at home and died soon			
				Nature of Injury after entrance to hospital			
				While at work? Was there an autopsy? Yes			
13 NAME OF FATHER Frederic Shackley				21 Was disease or injury in any way related to occupation of deceased?			
14 BIRTHPLACE OF FATHER (City) Cambridge Mass.				If so, specify W J Brickley			
(State or country)				(Signed) Boston Mass. M. D.			
15 MAIDEN NAME OF MOTHER Cecelia Doyle				(Address) Date 5-19 19 47			
16 BIRTHPLACE OF MOTHER (City) Cambridge Mass.				22 Orleans Cam-Orleans Mass.			
(State or country)				Place of Burial, Cremation or Removal (City or Town)			
17 Informant Wife (Relation, if any)				DATE OF BURIAL May 22/47 19			
(Address)				23 NAME OF FUNERAL DIRECTOR R H White			
A TRUE COPY				ADDRESS Winthrop Mass.			
ATTEST: Michael P. Manning (Registrar of city or town where death occurred)				Received and filed MAY 29 1947 19			
DATE FILED May 23 19 47				(Registrar of City or Town where deceased resided)			

Enl. April 28, 1918    Discharged April 21, 1919    Pvt. Medical Detach.  
Serial No. 2720307



information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-9-44-14955

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No.

Winthrop Community Hospital

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent

Registered No.

105

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number) }

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

86 Loring Rd.

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution  
(Before death)

(Specify whether)

years

months 1

days.

In this community

29 yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED  
WIDOWED  
OR DIVORCED Married

5a If married, widowed or divorced  
HUSBAND of

Anna Killilea

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

61

years

7 IF STILLBORN, enter that fact here.

8

AGE

64

Years

Months

Days

If less than 1 day

Hours

Minutes

9 Usual  
Occupation:

Merchant

10 Industry  
or Business:

Plumbing

11 Social Security No.

023--09--7945

12 BIRTHPLACE (City)

Boston

(State or Country)

Mass

13 NAME OF

FATHER

John Burke

14 BIRTHPLACE OF

FATHER (City)

Ireland

(State or Country)

15 MAIDEN NAME

OF MOTHER

Catherine Calnan

16 BIRTHPLACE OF

MOTHER (City)

(State or Country)

Ireland

17

Informant

(Address)

Anna Burke

(Relation, if any)

86 Loring Rd

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed  
with me BEFORE the burial or transit permit was issued:

Walter E. P. P. (Signature of Agent of Board of Health or other)

Health Officer

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATH

May

(Month)

19

(Day)

1947

(Year)

19

I HEREBY CERTIFY,

That I attended deceased from

7 PM 5/19, 1947, to

19

I last saw him alive on

5/19

1947

death is said to

have occurred on the date stated above, at

820 P. M.

Immediate cause of death

Respiratory paralysis.  
cerebral hemorrhage.

Duration

IMPORTANT

1 1/2 hrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?  
If so, specify

no

(Signed)

Edward J. P. P. 1948 Winthrop St 5/19 1947

M. D.

1947

(Address)

Holy Cross Malden

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

May 22, 1947

19

22 NAME OF  
FUNERAL DIRECTOR

ADDRESS

John J. O'Malley  
Winthrop

Received and Filed

MAY 21 1947

19

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION



OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF  
CERTIFICATE OF DEATH

Registered No.

106

PLACE OF DEATH

Suffolk

(County)

Revere

(City or Town)

No. 214 Endicott Avenue

ST. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Elizabeth Muir (Givan)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 430 Revere

(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: in hospital or institution Hosp. (Before death) (Specify whether)

years 1 months 14 days

In this community 6 yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED

5a If married, widowed, or divorced HUSBAND of

(or) WIFE of John Muir (Give maiden name of wife in full) (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 63 Years Months Days If less than 1 day Hours Minutes

Usual Occupation: At Home

Industry 10 or Business: - - - - -

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) Scotland

13 NAME OF FATHER Thomas Givan

14 BIRTHPLACE OF FATHER (City) (State or country) Scotland

15 MAIDEN NAME OF MOTHER Betsy McLean

16 BIRTHPLACE OF MOTHER (City) (State or country) Scotland

17 Informant Margaret Wickwire (Sister) (Address) 103 Upland Rd. Winthrop

A TRUE COPY.

ATTEST: Registrar of city or town where death occurred

DATE FILED May 23 19 47

18 DATE OF DEATH May 19, 1947 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased, from Mar. 1, 1946 to May 19, 1947. I last saw her alive on May 16, 1947, death is said to have occurred on the date stated above, at 6:00A m. Duration

Immediate cause of death Gen. Carcinomotosis 1 Yr.

Due to Adenocarcinoma, Grade II of the descending Colon 3 Yrs.

Due to

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations Date of Of autopsy Underline the cause to which death should be charged statistically.

What test confirmed diagnosis? 20 Was disease or injury in any way related to occupation of deceased? NO

If so, specify Myron N. King (Signed) 562 Shirley St. Date 5/19/47 (Address) Winthrop M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or Town)

DATE OF BURIAL May 21, 19 47

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds ADDRESS Winthrop, Mass.

Received and filed May 23 19 47

(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the previous month which occurred in your city or town in 1947 should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)





PLACE OF DEATH

Suffolk  
(County)  
Winthrop  
(City or Town)

No.

Winthrop Community Hosp

St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Clementine Broussard

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

25 Walshe

St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

2 wks

years

months 2 days.

In this community

yrs.

mos.

days.

(Before death)

(Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED

WIDDED

or DIVORCED

Widowed

5a If married, widowed, or divorced  
HUSBAND of

(or) WIFE of

C. Broussard  
(Give maiden name of wife in full)  
(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE 76 Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

at home

Industry

10 or Business:

at home

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

Cape Britan

13 NAME OF

FATHER

Henry Oakes

14 BIRTHPLACE OF

FATHER (City)

Cape Britan

(State or country)

15 MAIDEN NAME

OF MOTHER

Sophia Corneault

16 BIRTHPLACE OF

MOTHER (City)

Cape Britan

(State or country)

17

Informant

(Address)

Mrs. Mildred Suple

Relation, if any

25 Walshe St

daughter

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No.

107

## PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATHMay 21, 1947  
(Month) (Day) (Year)19 I HEREBY CERTIFY, that I attended deceased from  
May 17, 1947, to May 21, 1947I last saw her alive on May 21, 1947, death is said to  
have occurred on the date stated above, at 11:45 P. M.

Immediate cause of death

Acute Pulmonary Edema  
Bronch. Pneumonia

Due to

Chronic Hypertension

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address) 19 Walshe St. B. 5723 M. D. 1947

21

Place of Burial, Cremation or Removal

Holy Cross

(City or Town)

Malden

DATE OF BURIAL

May 24,

1947

22 NAME OF

FUNERAL DIRECTOR

Hicks Bros. M. Kelly

ADDRESS

218 Walshe St.

Received and filed

19

MAY 26 1947

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION, AND OUTFIT

SERVICE NUMBER



## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

Revere

(City or town making return)

COPY OF  
CERTIFICATE OF DEATH

Registered No. 108

PLACE OF DEATH

Suffolk

(County)

Revere

(City or Town)

No. Grover Manor Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alice E. Bernier (Belcher)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence No. 15 Ingleside Ave.

(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp.

(Before death)

(Specify whether)

years 2 months days.

In this community 32 yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED Married WIDOWED or DIVORCED

5a If married, widowed, or divorced HUSBAND of

(or) WIFE of Waldo E. Bernier (Give maiden name of wife in full) (Husband's name in full)

6 Age of husband or wife if alive 35 years

7 IF STILLBORN, enter that fact here.

8 AGE 32 Years 6 Months 10 Days | if less than 1 day Hours Minutes

Usual Occupation: Housewife

Industry or Business: At Home

11 Social Security No. 023-09-3748

12 BIRTHPLACE (City) Winthrop (State or country) Mass.

13 NAME OF FATHER Harold P. Belcher

14 BIRTHPLACE OF FATHER (City) Winthrop (State or country) Mass.

15 MAIDEN NAME OF MOTHER Margery Joy

16 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass.

17 Informant Margery Belcher (Mother) (Address) 15 Ingleside Ave., Winthrop

A TRUE COPY.

ATTEST:

DATE FILED

Registrar of city or town where death occurred)

May 27, 1947

18 DATE OF DEATH May 23, 1947 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 15, 1947, to May 23, 1947. I last saw her alive on May 23, 1947, death is said to have occurred on the date stated above, at 7:00 P. m. Duration

Immediate cause of death Uremic Coma 2 Days

Due to Nephritis Months

Due to Diabetes Years

Other conditions (Include pregnancy within 3 months of death) Physician

Major findings: No Date of No Of autopsy No Underline the cause to which death should be charged statistically.

What test confirmed diagnosis Clinical Signs

20 Was disease or injury in any way related to occupation of deceased? NO

If so, specify James F. Burns M. D. (Signed) Everett Date 5/23 1947 (Address)

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or Town)

DATE OF BURIAL May 26, 1947

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds ADDRESS Winthrop, Mass.

Received and filed JUN 5 1947 (Registrar of City or Town where deceased resided)





1 { PLACE OF DEATH  
 Suffolk  
 (County)  
 Winthrop  
 (City or Town)  
 No. 26 Faun Bar Ave.,



The Commonwealth of Massachusetts  
 OFFICE OF THE SECRETARY  
 DIVISION OF VITAL STATISTICS  
 STANDARD  
 CERTIFICATE OF DEATH

To be filed for burial permit  
 with Board of Health  
 or its Agent

Registered No. 109

St. { (If death occurred in a hospital or institution,  
 give its NAME instead of street and number)

2 FULL NAME Mae Osgood Barker  
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 26 Faun Bar Ave.,  
 (Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community 5 yrs. mos. days.  
 (Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)  
 MARRIED  
 WIDOWED  
 or DIVORCED Widow

5a If married, widowed, or divorced  
 HUSBAND of (Give maiden name of wife in full)  
 (or) WIFE of Richard A. Barker  
 (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 26 Years 6 Months 20 Days | If less than 1 day  
 Hours Minutes

Usual  
 9 Occupation: Housewife

Industry  
 10 or Business: At Home

11 Social Security No.  
 12 BIRTHPLACE (City) Prentiss  
 (State or country) Maine

13 NAME OF FATHER Forest Osgood  
 14 BIRTHPLACE OF FATHER (City) Prentiss  
 (State or country) Maine

15 MAIDEN NAME OF MOTHER Robena Boyington

16 BIRTHPLACE OF MOTHER (City) Prentiss  
 (State or country) Maine

17 Informant Evelyn Barker Rayne (Daughter)  
 (Address) 26 Faun Bar Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
 filed with me BEFORE the burial or transit permit was issued:

Walter H. Keegan  
 (Signature of Agent of Board of Health or other)  
 Health Officer (Date of Issue of Permit) 7/26/47  
 (Official Designation)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 27 1947  
 (Month) (Day) (Year)

19 I, HEREBY CERTIFY, That I attended deceased from  
 May 1945, to May 27, 1947.  
 I last saw her alive on May 27, 1947, death is said to  
 have occurred on the date stated above, at 8:30 p.m.

Immediate cause of death 8:30 p.m. Duration

Carcinoma of uterus - yrs. IMPORTANT

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) IMPORTANT

Major findings: Of operations Physician

Data of Underline the cause to which death should be charged statistically.  
 Of autopsy  
 What test confirmed diagnosis? Biopsy.

20 Was disease or injury in any way related to occupation of deceased? No  
 If so, specify.

(Signed) Charles Melon M. D.  
 (Address) 205 Laurel Street Date May 29, 1947

21 Corinna Corinna Maine  
 Place of Burial, Cremation or Removal (City or Town)  
 DATE OF BURIAL May 31, 1947 19

22 NAME OF FUNERAL DIRECTOR Richard H. White  
 ADDRESS 142 Winthrop St., Winthrop

Received and filed JUN 6 1947 19  
 (Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten or chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

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## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSCOPY OF  
CERTIFICATE OF DEATH

Melrose

(City or town making return)

Registered No.

110

PLACE OF DEATH

Middlesex

(County)

Melrose

(City or Town)

No. Melrose Hospital

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)2 FULL NAME Baby Maskell  
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.  
War Veteran,  
specify WAR)(a) Residence. No. 29 Cora  
(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days In this community yrs. mos. days.  
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Single5a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. STILLBORN

8 AGE — Years — Months — Days | If less than 1 day  
Hours — MinutesUsual  
9 Occupation:Industry  
10 or Business:

11 Social Security No.

12 BIRTHPLACE (City) Melrose  
(State or country) Mass.

13 NAME OF FATHER Arthur M. Maskell

14 BIRTHPLACE OF FATHER (City) Winthrop  
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Marion Thompson

16 BIRTHPLACE OF MOTHER (City) Boston  
(State or country) Mass.17 Informant Arthur Maskell Relation, if any (Father)  
(Address) 29 Cora St., Winthrop

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED May 27, 1947 19

18 DATE OF DEATH May 27, 1947  
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from  
19 to 19I last saw him alive on 19, death is said to  
have occurred on the date stated above, at m.

Immediate cause of death.

Stillborn  
Toxemia of mother 24-48 hrs

Due to

Due to

Other conditions.  
(Include pregnancy within 3 months of death)Major findings:  
Of operations.

Date of

Of autopsy Clinical

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. W. Layton, M. D.  
(Address) Melrose, Mass. Date 5/27/194721 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop  
(Cemetery) (City or Town)

DATE OF BURIAL May 28, 1947 19

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh  
ADDRESS Winthrop, Mass.

Received and filed JUN 1 1947 19

(Registrar of City or Town where deceased resided)

1. The first part of the paper is devoted to a general discussion of the problem of the existence of a solution of the system of equations (1) for a given set of initial conditions. It is shown that the system of equations (1) has a unique solution for a given set of initial conditions if the functions  $f_i(x, y, z, t)$  are continuous and satisfy the Lipschitz condition with respect to the variables  $x, y, z$ . The existence of a solution is proved by the method of successive approximations.

2. In the second part of the paper the problem of the stability of the solution of the system of equations (1) is considered. It is shown that the solution of the system of equations (1) is stable with respect to the initial conditions if the functions  $f_i(x, y, z, t)$  are continuous and satisfy the Lipschitz condition with respect to the variables  $x, y, z$ . The stability of the solution is proved by the method of successive approximations.

3. In the third part of the paper the problem of the asymptotic stability of the solution of the system of equations (1) is considered. It is shown that the solution of the system of equations (1) is asymptotically stable with respect to the initial conditions if the functions  $f_i(x, y, z, t)$  are continuous and satisfy the Lipschitz condition with respect to the variables  $x, y, z$ . The asymptotic stability of the solution is proved by the method of successive approximations.

4. In the fourth part of the paper the problem of the boundedness of the solution of the system of equations (1) is considered. It is shown that the solution of the system of equations (1) is bounded with respect to the initial conditions if the functions  $f_i(x, y, z, t)$  are continuous and satisfy the Lipschitz condition with respect to the variables  $x, y, z$ . The boundedness of the solution is proved by the method of successive approximations.

5. In the fifth part of the paper the problem of the periodicity of the solution of the system of equations (1) is considered. It is shown that the solution of the system of equations (1) is periodic with respect to the initial conditions if the functions  $f_i(x, y, z, t)$  are continuous and satisfy the Lipschitz condition with respect to the variables  $x, y, z$ . The periodicity of the solution is proved by the method of successive approximations.

6. In the sixth part of the paper the problem of the ergodicity of the solution of the system of equations (1) is considered. It is shown that the solution of the system of equations (1) is ergodic with respect to the initial conditions if the functions  $f_i(x, y, z, t)$  are continuous and satisfy the Lipschitz condition with respect to the variables  $x, y, z$ . The ergodicity of the solution is proved by the method of successive approximations.

7. In the seventh part of the paper the problem of the recurrence of the solution of the system of equations (1) is considered. It is shown that the solution of the system of equations (1) is recurrent with respect to the initial conditions if the functions  $f_i(x, y, z, t)$  are continuous and satisfy the Lipschitz condition with respect to the variables  $x, y, z$ . The recurrence of the solution is proved by the method of successive approximations.

8. In the eighth part of the paper the problem of the transitivity of the solution of the system of equations (1) is considered. It is shown that the solution of the system of equations (1) is transitive with respect to the initial conditions if the functions  $f_i(x, y, z, t)$  are continuous and satisfy the Lipschitz condition with respect to the variables  $x, y, z$ . The transitivity of the solution is proved by the method of successive approximations.

9. In the ninth part of the paper the problem of the mixing of the solution of the system of equations (1) is considered. It is shown that the solution of the system of equations (1) is mixing with respect to the initial conditions if the functions  $f_i(x, y, z, t)$  are continuous and satisfy the Lipschitz condition with respect to the variables  $x, y, z$ . The mixing of the solution is proved by the method of successive approximations.

10. In the tenth part of the paper the problem of the chaos of the solution of the system of equations (1) is considered. It is shown that the solution of the system of equations (1) is chaotic with respect to the initial conditions if the functions  $f_i(x, y, z, t)$  are continuous and satisfy the Lipschitz condition with respect to the variables  $x, y, z$ . The chaos of the solution is proved by the method of successive approximations.



WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD  
 Copies of returns of deaths recorded during the previous month, which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m (c)-1-41-4667

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
 DIVISION OF VITAL STATISTICS

COPY OF  
 CERTIFICATE OF DEATH

(City or town making return)

Registered No. 2141

PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)

No. Chelsea Memorial Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Girl Morrissey

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 101 Almont St.

(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution hospital

(Before death)

(Specify whether)

years

months

days

In this community

yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED  
 WIDOWED  
 or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. Stillborn

8

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

Chelsea

(State or country)

Mass

13 NAME OF

FATHER

James J. Morrissey

14 BIRTHPLACE OF

FATHER (City)

Roxbury

(State or country)

Mass.

15 MAIDEN NAME

OF MOTHER

Bernice F. Hill

16 BIRTHPLACE OF

MOTHER (City)

East Boston

(State or country)

Mass.

17

Informant James J. Morrissey (Father)

(Address)

101 Almont St. Winthrop

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

April

17,

1947

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw h. alive on 19, death is said to

have occurred on the date stated above, at m.

Duration

Immediate cause of death

Anencephalia

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Abraham Ceinsburg

(Address) 16 McLean St. Ros

Date 4/16 M. D. 47

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop

Winthrop

DATE OF BURIAL

April

1947

22 NAME OF

FUNERAL DIRECTOR

Frederick J. Magrath

ADDRESS

East Boston

Received and filed

JUL 7 1947

(Registrar of City or Town where deceased resided)





WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD  
 Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m. (b)-6-44-14607

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
 DIVISION OF VITAL STATISTICS

COPY OF  
 CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No.

4192

PLACE OF DEATH

Suffolk  
 (County)

Boston  
 (City or Town)

No. Infant's Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John M Harber

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 19 Buckthorn Terrace  
 (Usual place of abode)

St. Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution years months 1 days. In this community yrs. moe. days.  
 (Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word) MARRIED WIDOWED Single or DIVORCED

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)  
 (or) WIFE of (Husband's name in full)

6 Age of husband or wife If alive years

7 IF STILLBORN, enter that fact here. ✓

8 AGE Years 3 Months 3 Days If less than 1 day Hours Minutes

9 Occupation: Usual

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Winthrop Mass.  
 (State or country)

PARENTS

13 NAME OF FATHER Ralph F Harber

14 BIRTHPLACE OF FATHER (City) Boston Mass.  
 (State or country)

15 MAIDEN NAME OF MOTHER Kathleen F Shea

16 BIRTHPLACE OF MOTHER (City) Cambridge Mass.  
 (State or country)

17 Informant Father (Relation, if any)  
 (Address)

A TRUE COPY

ATTEST: (Registrar of city or town where death occurred)  
 May 29/47

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 26/47  
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 25, 19 47 to May 26, 19 47  
 I last saw him alive on May 26, 19 47 death is said to have occurred on the date stated above, at 9:35AM m. Duration

Immediate cause of death Congenital ht. disease 3 Days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) F. Moll M. D.  
 (Address) 300 Longwood Avenue Date 5-26-47

21 PLACE OF BURIAL Winthrop Cem-Winthrop Mass.  
 CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL May 27/47 19

22 NAME OF FUNERAL DIRECTOR J F O'Maley  
 ADDRESS Winthrop Mass.

Received and filed JUN 30 1947 19

(Registrar of City or Town where deceased resided)





WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m (c)-1-41-4667

Middlesex

Waltham

(City or Town)

No. Murphy General Hospital, Waltham

Roberts

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

44 Prospect Avenue

(a) Residence. No.

(Usual place of abode)

1hr. 55min.

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months

days

In this community

yrs.

mos.

days

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

COPY OF  
CERTIFICATE OF DEATH

Waltham

(City or town making return)

Registered No.

299113

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Winthrop, Mass.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX  
Male

4 COLOR OR RACE  
white

5 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED  
Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE Years Months Days

1 less than 1 day

Hours Minutes

Usual

9 Occupation:

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

13 NAME OF  
FATHER

Frank Mapes Roberts

14 BIRTHPLACE OF  
FATHER (City)  
(State or country)

Commerce  
Texas

15 MAIDEN NAME  
OF MOTHER

Margie M. Sikkelee  
Detroit

16 BIRTHPLACE OF  
MOTHER (City)  
(State or country)

Michigan

17

Informant  
(Address)

Frank M. Roberts father  
44 Prospect ave., Winthrop

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

May 28

19

47

MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATH

May

26,

1947

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, that I attended deceased from May 26 to May 26, 1947

I last saw him alive on May 26, 1947 death is said to have occurred on the date stated above, at 8:45AM m.

Duration

Immediate cause of death

Premature birth five and one half months

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

none performed

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul S. Anderson

M. D.

(Address) Waltham, Mass.

Date 5-26-1947

21 PLACE OF BURIAL

CREMATION OR REMOVAL

Belmont

(City or Town)

DATE OF BURIAL

William J. Cox

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

Belmont, Mass.

Resolved and filed

JUN 1 1947

19

(Registrar of City or Town where deceased resided)





COPIES OF RETURNS OF DEATHS RECORDED DURING THE PREVIOUS MONTHS WHICH OCCURRED IN YOUR CITY OR TOWN IN CASE THE DECEASED RESIDED IN ANOTHER CITY OR TOWN AT THE TIME OF DEATH SHOULD BE MADE FORTHWITH AND TRANSMITTED ON FORM R-302 TO THE CLERK OF THE CITY OR TOWN IN WHICH THE DECEASED RESIDED. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts

Boston

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF  
CERTIFICATE OF DEATH

Registered No. 4984 **114**

Suffolk

(County)

Boston

(City or Town)

No.

Infant's Hospital

St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Richard Capezza

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

29 Wilshire St

(Usual place of abode)

St.

Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years 1 months 11 days

In this community

yrs. 4 mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED  
WIDOWED  
or DIVORCED  
Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE

Years 4

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

Boston Mass.

13 NAME OF

FATHER

Demostene Capezza

14 BIRTHPLACE OF

FATHER (City)

Boston Mass.

(State or country)

15 MAIDEN NAME

OF MOTHER

Bernadette Alio

16 BIRTHPLACE OF

MOTHER (City)

Boston Mass.

(State or country)

17

Informant

Father

(Relation, if any)

(Address)

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

June 2/47

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

May 28/47

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

April 17, 19 47, to May 28, 19 47

I last saw him alive on May 28, 19 47, death is said to

have occurred on the date stated above, at 4:55P m.

Immediate cause of death

Diarrhea

Duration

6 Wks.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

A S MacMillan

(Signed)

300 Longwood Ave. Date 5-28 19 47

(Address)

21 PLACE OF BURIAL

CREMATION OR REMOVAL

Holy Cross Malden Mass.

(Cemetery)

(City or Town)

DATE OF BURIAL

May 31/47

19

22 NAME OF

FUNERAL DIRECTOR

E P Caggiano

ADDRESS

East Boston Mass

Received and filed

JUN 30 1947

19

(Registrar of City or Town where deceased resided)





WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD  
Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 18, G. L.)

25m. (d.) 6-43-12056

1 PLACE OF DEATH

SUFFOLK  
BOSTON  
(County)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
COPY OF  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

BOSTON  
(City or town making return)  
Registered No. 49715

(City or Town)  
Boston City Hospital  
No.

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Abraham Alexander

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran, specify WAR)

(a) Residence. No. 30 Hutchinson  
(Usual place of abode)

St. Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution. years months days. In this community yrs. mos. days.  
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

5a If married, widowed, or divorced HUSBAND of Sarah Robinson  
(Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 75 Years Months Days | If less than 1 day Hours Minutes

Usual Occupation: Tailoring

Industry or Business:

11 Social Security No. None

12 BIRTHPLACE (City) New York New York  
(State or country)

PARENTS

13 NAME OF FATHER Harris Alexander

14 BIRTHPLACE OF FATHER (City) Russia  
(State or country)

15 MAIDEN NAME OF MOTHER Bertha

16 BIRTHPLACE OF MOTHER (City) England  
(State or country)

17 Informant I Alexander (Son)  
(Address) (Relation, if any)

A TRUE COPY.

ATTEST: Registrar of city or town where death occurred

DATE FILED June 2/47 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 29/47  
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Shock fracture of nose superior maxillary roofs of orbits-ethmoids etc:  
Struck by auto May 28/47

20 Accident, suicide, or homicide (specify) 19

Date of occurrence

Where did Injury occur? (City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in public place? (Specify type of place)

Manner of Injury Nature of Injury While at work? Was there an autopsy? Yes

21 Was disease or injury in any way related to occupation of deceased?

If so, specify Timothy Leary (Signed) M. D. (Address) Date 5-29-1947

22 Place of Burial, Cremation or Removal. (City or Town) Mishkan Tefila Wakefield Mass.

DATE OF BURIAL May 30/47 19

23 NAME OF FUNERAL DIRECTOR B F Solomon  
ADDRESS Brookline Mass.

Received and filed 19

(Registrar of City or Town where deceased resided)





WRITE PLAINLY, in plain English, the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-304 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

30m. (b) 6-44-14607

NORFOLK

(County)

BROOKLINE

(City or Town)

No. Litchfield Best Home, 6.7 Green

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth A. Foley

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 111 Grovers

(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution Hospital  
(Before death) (Specify whether)

years 2 months  days.

In this community 37 yrs.  mos.  days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) Widowed  
MARRIED  
WIDOWED  
or DIVORCED

5a If married, widowed, or divorced  
HUSBAND of Roger H. Foley (Give maiden name of wife in full)  
(or) WIFE of Roger H. Foley (Husband's name in full)

6 Age of husband or wife if alive 82 years

7 IF STILLBORN, enter that fact here.

8 AGE 82 Years  Months  Days | If less than 1 day  
Hours  Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own home

11 Social Security No. none

12 BIRTHPLACE (City) Scotland  
(State or country)

13 NAME OF FATHER Alexander Ross

14 BIRTHPLACE OF FATHER (City) Scotland  
(State or country)

15 MAIDEN NAME OF MOTHER Elizabeth Matheson

16 BIRTHPLACE OF MOTHER (City) Scotland  
(State or country)

17 Informant Nora Keefe (Relation, if any) friend  
(Address) 424 Massachusetts Ave., Arlington

A TRUE COPY Arthur J. Johnson  
ATTEST: (Registrar of city or town where death occurred)

DATE FILED June 6 19 47

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
COPY OF  
CERTIFICATE OF DEATH

BROOKLINE

(City or town making return)

Registered No. 397 116

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

{ (If U. S. War Veteran, specify WAR)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution Hospital  
(Before death) (Specify whether)

years 2 months  days.

In this community 37 yrs.  mos.  days.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 29 19 47  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July, 19 46, to May 29, 19 47.  
I last saw her alive on May 27, 19 47, death is said to have occurred on the date stated above, at 3:30 P. M.

Immediate cause of death Epidermoid Carcinoma Grade II  
left temple with metastases to neck 6 mos

Due to

Due to

Other conditions (Include pregnancy within 3 months or death)

Major findings: Of operations Epidermoid Ca. Grade II  
Date of Nov. 19 46

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) John Adams, Jr. M. D.  
(Address) 704 Huntington Ave. Date 5-30-1947

21 PLACE OF BURIAL, CREMATION OR REMOVAL Old Calvary Boston  
(Cemetery) (City or Town)

DATE OF BURIAL June 2 19 47

22 NAME OF FUNERAL DIRECTOR William T. Hickey  
ADDRESS Cambridge, Massachusetts

Received and filed JUN 12 1947 19 47

(Registrar of City or Town where deceased resided)





WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-803 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

30m-(b).6-44-14607

The Commonwealth of Massachusetts

Boston

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF  
CERTIFICATE OF DEATH

Registered No. 4989 117



PLACE OF DEATH

Suffolk  
(County)

Boston  
(City or Town)

No. Mass. General Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Albert P Nielsen  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 42 Plummer Ave. St. Winthrop Mass.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution. years months days. In this community yrs. mos. days.  
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word) MARRIED Married  
WIDOWED or DIVORCED

5a If married, widowed, or divorced Alice Andrews  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 65 years

7 IF STILLBORN, enter that fact here.

8 AGE 70 Years 11 Months 15 Days | If less than 2 day Hours Minutes

Usual Occupation: Master Mariner Retired

Industry or Business: Ferry Boat

11 Social Security No. 021-14-1111

12 BIRTHPLACE (City) Boston Mass.  
(State or country)

13 NAME OF FATHER Niels P Nielsen

14 BIRTHPLACE OF FATHER (City) Denmark  
(State or country)

15 MAIDEN NAME OF MOTHER Katherine Turner

16 BIRTHPLACE OF MOTHER (City) Hull Mass.  
(State or country)

17 Informant Wife (Relation, if any)  
(Address)

A TRUE COPY Michael J. Manning  
ATTEST: (Registrar of city or town where death occurred)  
June 2/47

DATE FILED 19

18 DATE OF DEATH May 29/47  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 27, 19 47, to May 29, 19 47  
I last saw him alive on May 29, 19 47, death is said to have occurred on the date stated above, at 5:29AM m. Duration

Immediate cause of death Aortic stenosis, arterio sclerotic 10 Mos.

Due to Hypertensive heart disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: None  
Of operations

Date of Underline the cause to which death should be charged statistically.

Of autopsy What test confirmed diagnosis? autopsy

20 Was disease or injury in any way related to occupation of deceased?

If so, specify J. S. Lichty  
(Signed) Mass. General Hospt Date 5-29-47  
(Address)

21 PLACE OF BURIAL, Winthrop Cem-Winthrop Mass.  
CREMATION OR REMOVAL (City or Town)

DATE OF BURIAL May 31/47 19

22 NAME OF FUNERAL DIRECTOR H S Reynolds  
ADDRESS Winthrop Mass.

Received and filed JUN 30 1947 19

(Registrar of City or Town where deceased resided)





WRITE PLAINLY. WITH ONE EXCEPTION, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

paper exp. - birth cert.

100m-(g)-1-45-15510

1 PLACE OF DEATH

Suffolk  
(County)

Winthrop  
(City or Town)

No. Winthrop Community Hospital

2 FULL NAME Baby Boy Gannon number 2  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 27 Endicott Avenue  
(Usual place of abode)

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

118

PHYSICIAN - IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR)

St. Revere

(If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) years months days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. Stillborn

8 AGE Years Months Days If less than 1 day Hours Minutes

9 Occupation:

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Winthrop (State or country) Mass.

13 NAME OF FATHER Thomas L. Gannon

14 BIRTHPLACE OF FATHER (City) Cambridge (State or country) Mass.

15 MAIDEN NAME OF MOTHER Louise V. Gaffney

16 BIRTHPLACE OF MOTHER (City) Lynn (State or country) Mass.

PARENTS

17 Informant Thomas L. Gannon (Address) 27 Endicott Ave., Revere Relation, if any (Father)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter J. Gannon (Signature of Agent of Board of Health or other)

Official Designation (Date of Issue of Permit) 6/9/47

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 6 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, that I attended deceased from June 6, 1947, to June 6, 1947

I last saw him alive on June 6, 1947, death is said to

have occurred on the date stated above, at 2:50 P.M.

Immediate cause of death: Stillborn Duration

Due to Prematurity IMPORTANT

Due to

Other conditions (include pregnancy within 3 months of death) IMPORTANT

Major findings: None Physician

Of operations

Of autopsy: None Underline the cause to which death should be charged statistically.

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John J. Beliz M. D.

(Address) Revere Mass Date June 6, 1947

21 Holy Cross Malden Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL June 9, 1947

22 NAME OF FUNERAL DIRECTOR Michael J. Tonella

ADDRESS 10 No. Bennett St., Boston

Received and filed JUN 9 1947

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, require physicians to insert a recital to that effect.

100m. (g.) 1-45-15510

1 PLACE OF DEATH

Suffolk  
(County)

Winthrop  
(City or Town)

No. Winthrop Community Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 119

To be filed for burial permit with Board of Health or its Agent.

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH



2 FULL NAME Thomas J. Waldron  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 44 Shirley Avenue  
(Usual place of abode)

St. Reverse  
(If nonresident, give city or town and State)

PHYSICIAN - IMPORTANT

(Was deceased a Spanish U. S. War Veteran, if so specify WAR) Am Har

Length of stay: In hospital or institution 3 weeks  
(Before death) (Specify whether)

years months 3 days.

In this community 45 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

5a If married, widowed, or divorced HUSBAND of Emma T. Fitzgerald  
(Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 67 Years Months Days If less than 1 day Hours Minutes

9 Occupation: Retired

Industry or Business: Stationary Fireman

11 Social Security No. 01-3-01-1882

12 BIRTHPLACE (City) Selby  
(State or country) England

13 NAME OF FATHER John Waldron

14 BIRTHPLACE OF FATHER (City) Ireland  
(State or country)

15 MAIDEN NAME OF MOTHER Mary Judge

16 BIRTHPLACE OF MOTHER (City) England  
(State or country)

17 Informant John Waldron (Son)  
(Address) 44 Shirley Ave., Reverse

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 6/9/47

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 7 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, that I attended deceased from May 29 1947, to June 7 1947  
I last saw him alive on June 7 1947, death is said to have occurred on the date stated above, at 6.50 P.m.

Immediate cause of death: Internal Hemorrhage  
Duration 2 hours

Due to: Sudden Intestinal Maligancy  
2 months

Due to: Malignancy

Other conditions: (Include pregnancy within 3 months of death)

Major findings: None  
Of operations: None  
Date of: None  
Of autopsy: None  
What test confirmed diagnosis? None

20 Was disease or injury in any way related to occupation of deceased? No  
If so, specify: John J. Collins  
(Signed) (Address) 1000 Mass Date June 7 1947

21 Holy Cross Malden  
Place of Burial, Cremation or Removal. (City or Town)  
DATE OF BURIAL June 11, 1947

22 NAME OF FUNERAL DIRECTOR Michael J. Corsetti  
ADDRESS 10 No. Bennett St., Boston

Received and filed JUN 9 1947  
(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write "housework". For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE June 28, 1896

DATE OF DISCHARGE June 29, 1899

RANK, RATING Private

ORGANIZATION AND OUTFIT Artillery

SERVICE NUMBER \_\_\_\_\_



PLACE OF DEATH

Suffolk  
(County)  
Waltham  
(City or Town)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registrar's No. 120

1 No. 39 St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)  
2 FULL NAME George A. Shea { **PHYSICIAN-IMPORTANT**  
(If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR) no  
(a) Residence. No. 30 St. Haloburn (If nonresident, give city or town and State)  
Length of stay: In hospital or Institution (Before death) (Specify whether) years months days. In this community 6 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED  
5a If married, widowed, or divorced HUSBAND of Margaret M. O'Rourke  
(Give maiden name of wife in full)  
(or) WIFE of \_\_\_\_\_ (Husband's name in full)  
6 Age of husband or wife if alive 53 years  
7 IF STILLBORN, enter that fact here.  
8 AGE 36 Years - Months - Days If less than 1 day Hours - Minutes  
9 Occupation: State House Guard  
Industry or Business: Boston  
11 Social Security No. \_\_\_\_\_  
12 BIRTHPLACE (City) Boston  
(State or country)  
13 NAME OF FATHER Daniel Shea  
14 BIRTHPLACE OF FATHER (City) Ireland  
(State or country)  
15 MAIDEN NAME OF MOTHER Belmonte  
16 BIRTHPLACE OF MOTHER (City) Ireland  
(State or country)

18 DATE OF DEATH June 8 1947  
(Month) (Day) (Year)  
19 I HEREBY CERTIFY, That I attended deceased on 2/24, 1945, to June 8, 1947  
I last saw him alive on June 8, 1947 death is said to have occurred on the date stated above, at 11 A M.  
Immediate cause of death Coronary Thrombosis  
Due to Arteriosclerosis and rheumatic heart disease  
Due to \_\_\_\_\_  
Other conditions none  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Date of \_\_\_\_\_  
Of autopsy Clinical  
What test confirmed diagnosis? \_\_\_\_\_  
20 Was disease or injury in any way related to occupation of deceased? no  
If so, specify none  
(Signed) W. H. D. Shea M. D. Date 6/8 1947  
(Address) \_\_\_\_\_

Duration  
**IMPORTANT**  
2 hours

7-8 years

**IMPORTANT**

Physician  
Underline the cause to which death should be charged statistically.

17 Informant Walter J. O'Connell Relation, if any brother  
(Address) 34 Waltham St.  
was filed with me BEFORE the burial or transit permit was issued:  
I HEREBY CERTIFY that a satisfactory standard certificate of death  
(Signature of Agent of Board of Health or other)  
Official Designation (Date of Issue of Permit) 6/10/47

21 Place of Burial, Cremation or Removal. (City or Town)  
DATE OF BURIAL June 11 1947  
22 NAME OF FUNERAL DIRECTOR W. H. D. Shea  
ADDRESS 121 Waltham St.  
Received and filed JUN 11 1947  
(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION



terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, require physicians to insert a recital to that effect.

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. **121**

1 PLACE OF DEATH  
Suffolk  
(County)  
Winthrop  
(City or Town)  
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Baby Boy  
(If deceased is a married, widowed or divorced woman, give also maiden name.)  
(a) Residence. No. 263 Winthrop St.  
(Usual place of abode)  
(If nonresident, give city or town and State)  
Length of stay: In hospital or institution years months days. In this community yrs. mos. days.  
(Define death) (Specify whether)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) No

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male  
4 COLOR OR RACE white  
5 SINGLE (write the word)  
MARRIED  
WIDOWED single  
or DIVORCED

5a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. Stillborn

8 AGE 0 Years 0 Months 0 Days | If less than 1 day  
Hours Minutes

9 Occupation:

10 Industry  
or Business:

11 Social Security No.

12 BIRTHPLACE (City)  
(State or country) Winthrop  
Mass.

13 NAME OF  
FATHER Frank Samuel Hannaford

14 BIRTHPLACE OF  
FATHER (City) E. Boston  
(State or country) Mass.

15 MAIDEN NAME  
OF MOTHER Ethel Florence Edwards

16 BIRTHPLACE OF  
MOTHER (City) Hyde Park  
(State or country) Mass.

17 Informant Frank S. Hannaford (Relationship if any)  
(Address) 263 Winthrop St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 6/10/47

MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATH June 9, 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
19 to 19

I last saw h. alive on 19, death is said to  
have occurred on the date stated above, at m.

Immediate cause of death.

Stillborn  
Due to premature separation  
of placenta

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) M. D. 1947  
(Address) 619 1/2 Winthrop St. Winthrop

21 Winthrop Cemetery  
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL June 10, 1947

22 NAME OF  
FUNERAL DIRECTOR Alfred B. March

ADDRESS 174 Winthrop St. Winthrop

Received and filed 19

JUN 11 1947 (Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 35 Palmyra Street

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registrar's No. 122

## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATH2 FULL NAME Frederic J Goodson  
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 35 Palmyra St., Winthrop  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days. In this community 25 yrs. mos. days.  
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

5a If married, widowed, or divorced Jane I Duncan  
HUSBAND of \_\_\_\_\_ (Give maiden name of wife in full)  
(or) WIFE of \_\_\_\_\_ (Husband's name in full)

6 Age of husband or wife if alive 72 years

7 IF STILLBORN, enter that fact here.

8 AGE 72 Years 9 Months 4 Days If less than 1 day \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

Usual Occupation: Insurance Clerk

Industry or Business: Boston Protective Dept.

11 Social Security No. 011-01-5476

12 BIRTHPLACE (City) Charlestown  
(State or country) Mass.

13 NAME OF FATHER Edward Goodson

14 BIRTHPLACE OF FATHER (City) Canada  
(State or country)

15 MAIDEN NAME OF MOTHER Mary Mathews

16 BIRTHPLACE OF MOTHER (City) England  
(State or country)17 Informant Jane I Goodson Wife Relation, if any  
(Address) 35 Palmyra St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 6/13/47

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 11 1947  
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from May 9, 1947, to June 11, 1947  
I last saw him alive on June 9, 1947, death is said to have occurred on the date stated above, at 3:45 A.M.

Immediate cause of death

Myocardial infarct

Due to Coronary occlusion

Due to

Other conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Major findings: Of operations none

Date of

Of autopsy none

What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased? No  
If so, specify(Signed) Robert C. Murray, M. D.  
(Address) Winthrop, Mass Date 12 June 1947

21 Woodlawn Cemetery Everett

Place of Burial, Cremation or Removal. (City or Town)  
DATE OF BURIAL June 14 194722 NAME OF FUNERAL DIRECTOR Francis J. Sullivan  
ADDRESS Charlestown Mass

Received and filed JUN 18 1947 19

A TRUE COPY ATTEST:

(Registrar)

PARENTS

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

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by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No.

123

2 FULL NAME Charles Hopkins  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 10 Willow Terrace  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp. years months 28 days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

5a If married, widowed, or divorced HUSBAND of Lucy Crichtet  
(Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 76 Years Months Days If less than 1 day Hours Minutes

9 Occupation: Usual Clerk (Retired)

10 Industry or Business: Boston News Co.

11 Social Security No. 031-09-1376

12 BIRTHPLACE (City) Quincy  
(State or country) Mass.

13 NAME OF FATHER George Hopkins

14 BIRTHPLACE OF FATHER (City) Unable to obtain  
(State or country)

15 MAIDEN NAME OF MOTHER Athia Snow

16 BIRTHPLACE OF MOTHER (City) Unable to obtain  
(State or country)

17 Informant Tyler Lippincott (Relation, if any)  
(Address) 98 Somerset Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter H. Baker  
(Signature of Agent of Board of Health or other)

Health Officer 6/18/47  
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 17 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 10, 1947 to June 17, 1947

I last saw him alive on June 17, 1947, death is said to have occurred on the date stated above, at 5:40 a.m.

Immediate cause of death

Exsanguination

Due to Ulceration of Cancer of rectum

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

What test confirmed diagnosis? x-ray & lab

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) J. W. M. D. (Address) 198 Winthrop St. Date 6/17/47

21 Wyoming Melrose

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL June 19 1947

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop Mass.

Received and filed JUN 25 1947

19

## RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths sup-  
posably due to injury. These include not only deaths caused directly or in-  
 directly by traumatism (including resulting septicemia), and by the action  
 of chemical (drugs or poisons), thermal, or electrical agents, and deaths  
 following abortion, but also deaths from disease resulting from injury or  
 infection related to occupation, the sudden deaths of persons not disabled  
 by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

### SPACE FOR ADDITIONAL INFORMATION



100m. (g)-1-15-15510

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

extracts from the laws on back of certificate.

PLACE OF DEATH

*Suffolk* (County)  
*Winthrop* (City or Town)

No.

*Winthrop Municipal Hospital*

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

*Thane R. Malgeri (Giobbe)*

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

*297A Crescent Ave*

St.

*Revere*

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

*2 wks*

years

months

days

In this community

yrs.

mon.

days.

(Before death)

(Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

*Female*

4 COLOR OR RACE

*White*

5 SINGLE (write the word)

*MARRIED*  
*WIDWED*  
*or DIVORCED* *Married*

5a If married, widowed, or divorced HUSBAND of

(or) WIFE of

*Ralph A. Malgeri*  
 (Give maiden name of wife in full)  
 (Husband's name in full)

6 Age of husband or wife if alive

*45*

years

7 IF STILLBORN, enter that fact here.

8 AGE

*37* Years *10* Months *2* Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

*House wife*

Industry

10 or Business:

*at home*

11 Social Security No.

*023-09-2902*

12 BIRTHPLACE (City)

*Somerville*

(State or country)

*Mass.*

13 NAME OF FATHER

*Raffaele Giobbe*

14 BIRTHPLACE OF FATHER (City)

*Tora Del Greco*

(State or country)

*Italy*

15 MAIDEN NAME OF MOTHER

*Anunziata Muscatello*

16 BIRTHPLACE OF MOTHER (City)

*Tora Del Greco*

(State or country)

*Italy*

PARENTS

17 Informant (Address)

*Ralph A. Malgeri*

*297A Crescent Ave. Revere*

(Relationship to any)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

*Walter H. Baker*

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts  
 OFFICE OF THE SECRETARY  
 DIVISION OF VITAL STATISTICS

STANDARD  
 CERTIFICATE OF DEATH

To be filed for burial permit  
 with Board of Health  
 or its Agent.

Registered No.

*124*

## PHYSICIAN - IMPORTANT

(Was deceased a  
 U. S. War Veteran,  
 if so specify WAR)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

*June*

(Month)

(Day)

*1947*

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

*April 15*, 19*47*, to *June 18*, 19*47*

I last saw him alive on

*June 18*, 19*47*, death is said to

have occurred on the date stated above, at *20A* m.

Immediate cause of death

*Coronary Thrombosis*

Duration

*June 18*

**IMPORTANT**

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

What test confirmed diagnosis?

Physician

Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify *John F. Collins*

(Signed)

(Address)

21 Place of Burial, Cremation or Removal

*Holy Cross Cemetery*

*Malden*

*June 21*

*1947*

22 NAME OF FUNERAL DIRECTOR

*Alexander Struzziero*

*493 Somerville Ave. Somerville*

Received and filed

*JUN 25 1947*

19

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



1 PLACE OF DEATH

Suffolk  
(County)

Winthrop  
(City or Town)

No. 97 Locust St.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

125

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

2 FULL NAME Mary Ricupero

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 97 Locust St.  
(Usual place of abode)

St. Winthrop  
(If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years ..... months ..... days. In this community 5 yrs. mos. days.  
(Before death) (Specify whether)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) .....

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

5a If married, widowed, or divorced  
HUSBAND of

(Give maiden name of wife in full)  
(or) WIFE of Anthony Ricupero  
(Husband's name in full)

6 Age of husband or wife if alive 39 years

7 IF STILLBORN, enter that fact here.

8 AGE 37 Years Months Days If less than 1 day Hours Minutes

9 Occupation: Housewife

Industry At Home

10 or Business: none

11 Social Security No. none

12 BIRTHPLACE (City) Boston  
(State or country)

13 NAME OF FATHER Louis Bozzi

14 BIRTHPLACE OF FATHER (City) Italy  
(State or country)

15 MAIDEN NAME OF MOTHER Adeline Scandone

16 BIRTHPLACE OF MOTHER (City) Boston  
(State or country)

17 Informant Anthony Ricupero (Husband)  
(Address) 97 Locust St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transfer permit was issued:

Walter H. Casper  
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 6/29/47 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 19 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 19, 1945, to June 19, 1947. I last saw her alive on June 19, 1947, death is said to have occurred on the date stated above, at 7:30 p.m.

Immediate cause of death

Carcinoma of uterus  
Due to primary uterine carcinoma  
metastases

Due to spine with multiple metastases

Other conditions metastases  
(Include pregnancy within 3 months of death)

Major findings: 21 above  
Of operations Date of 1946

Of autopsy: Autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No  
If so, specify: None  
(Signed) Date of 1947  
(Address) 138 Thore Drive, Boston, Mass. 1947

21 Winthrop Cemetery Winthrop  
Place of Burial, Cremation or Removal (City or Town)  
DATE OF BURIAL June 23 - 47 19

22 NAME OF FUNERAL DIRECTOR Vincent Depina  
ADDRESS 9 Chelsea St. East Boston

Received and Read JUN 25 1947 19  
(Registrar)

Duration

IMPORTANT

4 years

IMPORTANT

Physician

Underline the cause to which death should be charged statistically.

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION



Extracts from this form may be properly classified. Exact statement of OCCUPATION is very important. See instructions and

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m. (g.) 1-45-15510

1 PLACE OF DEATH  
 Suffolk (County)  
 Wrentham (City or Town)  
 No. Wrentham Com. Hosp



The Commonwealth of Massachusetts  
 OFFICE OF THE SECRETARY  
 DIVISION OF VITAL STATISTICS

STANDARD  
 CERTIFICATE OF DEATH

To be filed for burial permit  
 with Board of Health  
 or its Agent.

Registered No. 126

2 FULL NAME Male CROLL  
 (If deceased is a married, widowed or divorced woman, give also maiden name.)  
 (a) Residence, No. 83 Cottage St. Chelsea, Mass.  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of stay: In hospital or institution years months days. In this community yrs. mos. days.  
 (Before death) (Specify whether)

PHYSICIAN - IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR)

St. Chelsea, Mass.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. Stillborn

8 AGE Years Months Days If less than 1 day Hours Minutes

Usual Occupation:

Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Wrentham

13 NAME OF FATHER Theodore Irving Croll

14 BIRTHPLACE OF FATHER (City) (State or country) Chelsea, Mass.

15 MAIDEN NAME OF MOTHER Sylvia Glazer

16 BIRTHPLACE OF MOTHER (City) (State or country) Revere, Mass.

17 Informant (Address) Theodore Irving Croll, 83 Cottage St. Chelsea, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 21, 1947 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19, death is said to have occurred on the date stated above, at m.

Immediate cause of death

Stillborn

Due to prematurity - 6 mo.

Due to Fetal abnormality

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Maurice G. Nelson, M. D.

(Address) 699 Blue Hill Ave. Boston, Mass.

21 Date of Burial, Cremation or Removal of Body from place of death

DATE OF BURIAL Baby at Wrentham, June 21, 1947

22 NAME OF FUNERAL DIRECTOR Louis Schlichter

ADDRESS 1272 Blue Hill Ave. Boston

Received and filed JUN 25 1947

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



PLACE OF DEATH

Suffolk  
(County)  
Winthrop  
(City or Town)Boston  
7/9/47The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD

## CERTIFICATE OF DEATH

Registered No.

127

No.

Winthrop Community Hospital

{ (If death occurred in a hospital or institution, give its NAME instead of street and number) }

PHYSICIAN-IMPORTANT

{ (Was deceased a U. S. War Veteran, if so specify WAR) }

2 FULL NAME

Baby Boy De Sousa

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

60 London

(Usual place of abode)

St.

East Boston

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months

days.

In this community

yrs.

mos.

days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED  
WIDOWED  
or DIVORCED

Single

5a If married, widowed or divorced

HUSBAND of..

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

9 Occupation:

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or Country)

Winthrop Mass

13 NAME OF FATHER

Louis F De Souza

14 BIRTHPLACE OF FATHER (City) (State or Country)

Maderia Islands  
Portugal

15 MAIDEN NAME OF MOTHER

Mary H. De Jesus

16 BIRTHPLACE OF MOTHER (City) (State or Country)

Maderia Islands  
Portugal

17 Informant (Address)

Louis F. De Souza (Father)  
60 London St. E. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

June 21, 1947

(Month)

(Day)

(Year)

19

I HEREBY CERTIFY

That I attended deceased from

1947

to

June 21, 1947

1947

I last saw him alive on

June 21, 1947

death is said to

have occurred on the date stated above, at 5:45 P. M.

Immediate cause of death

Pulmonary edema (acute)  
Collapsed lungs  
Birth

Duration

IMPORTANT

1 day

Other conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed)

George H. Schmidt

(Address)

19 Church St

Date

6/23/47

M. D.

21 Place of Burial, Cremation or Removal

DATE OF BURIAL

6/23/47

19

22 NAME OF FUNERAL DIRECTOR

ADDRESS

John J. White  
135 London St. E. Boston

Received and Filed

JUN 25 1947

(Registrar)

19

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COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSCOPY OF  
CERTIFICATE OF DEATHRegistered No. **63 128**

(City or town making return)

PLACE OF DEATH

1

No.

Worcester

(City or Town)

Eagle Hill

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

(Usual place of abode)

103 Lloyd

St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months

days

In this community

yrs.

mos.

days

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED  
WIDOWED  
OR DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE 73 Years 4 Months 7 Days

If less than 1 day

Hours Minutes

Usual

9 Occupation:

Housewife

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

England

13 NAME OF

FATHER

Cannot be learned Lewis

14 BIRTHPLACE OF

FATHER (City)

(State or country)

England

15 MAIDEN NAME

OF MOTHER

Martha Cannot be learned

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

England

17

Informant

(Address)

Winifred Russell  
103 Lloyd St Winthrop

Relationship, if any

Daughter

A TRUE COPY

ATTEST:

Edward S. Cogswell  
(Registrar of city or town where death occurred)

DATE FILED

June 25 1947

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

June 24 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

June 23 1947 to June 24 1947

I last saw him alive on June 24 1947, death is said to

have occurred on the date stated above, at 5:45 P.M.

Immediate cause of death

Acute Coronary Thrombosis

Coronary atherosclerosis

Due to Atherosclerotic Heart Disease

Duration

19 hrs

150

540

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) B. S. Conley

(Address) 46 Central St Winthrop Date 6/24/47

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop Winthrop

(Cemetery) June 27 1947

(City or Town)

DATE OF BURIAL

22 NAME OF FUNERAL DIRECTOR

Howard S. Reynolds

ADDRESS Winthrop Mass

Received and filed

JUN 27 1947

19

(Registrar of City or Town where deceased resided)

*[Faint, illegible handwriting throughout the page, possibly bleed-through from the reverse side.]*



**1** PLACE OF DEATH *Suffolk County*  
*South Boston*  
(City or Town)  
No. *108 Broad View Avenue* St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

**2** FULL NAME *Frank E. Chisholm*  
(If deceased is a married, widowed or divorced woman, give also maiden name)  
(a) Residence, No. *108 Broad View Avenue* St. *Everett* (If nonresident, give city or town and State)  
Length of stay: In hospital or institution *58* years months days. In this community *2* yrs. mos. *2* days.  
(Before death) (Specify whether)

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE (write the word) *Married*  
MARRIED  
WIDOWED  
or DIVORCED

5a If married, widowed, or divorced  
HUSBAND of *Margaret E. Chisholm*  
(Give maiden name of wife in full)  
(or) WIFE of *Frank E. Chisholm*  
(Husband's name in full)

6 Age of husband or wife if alive *58* years

7 IF STILLBORN, enter that fact here.

8 AGE *65* Years Months Days If less than 1 day Hours Minutes

9 Occupation: *Manager*

Industry *Shirley Chisholm*

10 or Business: *Shirley Chisholm*

11 Social Security No. *018-12-6350*

12 BIRTHPLACE (City) *Boston*  
(State or country) *Mass.*

**PARENTS**

13 NAME OF FATHER *Kenneth D. Chisholm*

14 BIRTHPLACE OF FATHER (City) *Rona Scotia*  
(State or country) *Mass.*

15 MAIDEN NAME OF MOTHER *James Joyce*

16 BIRTHPLACE OF MOTHER (City) *Ireland*  
(State or country)

17 Informant *Walter H. Baker* Relation, if any *Son*  
(Address) *260 Commercial St. Boston*

**18** DATE OF DEATH *JUNE 28 1947*  
(Month) (Day) (Year)

**19** I HEREBY CERTIFY, That I attended deceased from *Sept. 7, 1945* to *June 28, 1947*  
I last saw him alive on *June 28, 1947*, death is said to have occurred on the date stated above, at *4:00 A.M.* Duration *3 hours*  
Immediate cause of death *coronary thrombosis* **IMPORTANT**  
Due to *Hypertensive heart disease.* *Six years*  
Due to *Hypertension* *Eight years*  
Other conditions *none* **IMPORTANT**  
(Include pregnancy within 8 months of death)  
Major findings: *none* Physician *Underline the cause to which death should be charged statistically.*  
Of operations *none*  
Data of *none*  
Of autopsy *none*  
What test confirmed diagnosis? *none*

**20** Was disease or injury in any way related to occupation of deceased? *No*  
If so, specify *Permit H. Kot* M. D.  
(Signed) (Address) *260 Commercial St. Boston* Date *June 28, 1947*

**21** Place of Burial, Cremation or Removal. (City or Town) *St. John's Cemetery, Boston*  
DATE OF BURIAL *June 28, 1947*

**22** NAME OF FUNERAL DIRECTOR *Walter H. Baker*  
ADDRESS *260 Commercial St. Boston*

Received and filed *JUL 27 1947* 19  
(Registrar)

**HEREBY CERTIFY** that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.  
*Walter H. Baker*  
(Signature of Agent or Board of Health or other)  
*H.O.* *June 30/47*  
(Official Designation) (Date of Issue of Permit)

**To be filed for burial permit with Board of Health or its Agent.**  
Registered No. *129*

**PHYSICIAN - IMPORTANT**  
(Was deceased a U. S. War Veteran, if so specify WAR)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

No. 20 Coral Avenue

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)2 FULL NAME Walter Henry Goodwin Jr.  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) No(a) Residence, No. 20 Coral Avenue St.  
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: in hospital or institution years months days. In this community 28 yrs. mos. days.  
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX male 4 COLOR OR RACE white 5 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED married5a If married, widowed or divorced  
HUSBAND of Annie Ethel Worsley  
(Give maiden name of wife in full)(or) WIFE of  
(Husband's name in full)

6 Age of husband or wife if alive 64 years

7 IF STILLBORN, enter that fact here.

8 AGE 65 Years 11 Months 15 Days | If less than 1 day  
Hours Minutes

9 Usual Occupation: elevator operator

10 Industry or Business: 53 Hanover St., Boston

11 Social Security No. 010-03-0023

12 BIRTHPLACE (City) Loughborough  
(State or country) Leicestershire, England

13 NAME OF FATHER Walter Henry Goodwin

14 BIRTHPLACE OF FATHER (City) Loughborough  
(State or country) Leicestershire, England

15 MAIDEN NAME OF MOTHER Ann Straw

16 BIRTHPLACE OF MOTHER (City) Loughborough  
(State or country) Leicestershire, England17 Informant Mrs. Walter Goodwin Relation, if any wife  
(Address) 20 Coral Ave, WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:(Signature of Agent of Board of Health or other)  
Health Officer 6/30/47  
(Official Designation) (Date of Issue of Permit)18 DATE OF DEATH June 28 1947  
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from  
July 6, 1941, to June 19, 1947  
I last saw him alive on June 19, 1947 death is said tohave occurred on the date stated above, at 12:05 A. M.  
Immediate cause of death Coronary thrombosis

Duration

IMPORTANT

Due to Coronary thrombosis

Due to

Other conditions (Include pregnancy within 3 months of death)

IMPORTANT

Major findings:  
Of operations

Physician

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No  
If so, specify(Signed) M. D.  
(Address) 174 Winthrop St. Winthrop21 Winthrop Cemetery, Winthrop Mass.  
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL June 30, 1947

22 NAME OF FUNERAL DIRECTOR Alfred B. Monck  
ADDRESS 174 Winthrop St. Winthrop

Received and Read JUL 2 1947

(Registrar)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent

Registered No. 130

**EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE**

**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall hurry or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall hurry a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

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The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. **131**

Supple  
(County)  
Winthrop  
(City or Town)  
No. 183 Cottage Park Rd

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME **Maudie Murray**  
(If deceased is a married, widowed or divorced woman, give also maiden name.)  
(a) Residence, No. **183 Cottage Park Rd Winthrop**  
(Usual place of abode)  
(If nonresident, give city or town and State)

PHYSICIAN—IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

Length of stay: In hospital or institution..... years months days. In this community **25** yrs. mos. days.  
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED **Single**  
5a If married, widowed, or divorced  
HUSBAND of .....  
(Give maiden name of wife in full)  
(or) WIFE of .....  
(Husband's name in full)

18 DATE OF DEATH **June - 29 - 1947**  
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death  
of the person above-named and that the CAUSE AND MANNER thereof  
are as follows: (If an injury was involved state fully.)  
**Fractured Skull!**  
**Lacerations of Brain:**

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE **76** Years ..... Months ..... Days | If less than 1 day  
Hours ..... Minutes

9 Usual Occupation: **Housekeeper**

10 Industry or Business: **Home**

11 Social Security No. ....

12 BIRTHPLACE (City) **Pittsburgh**  
(State or country) **Pa.**

20 Accident, suicide, or homicide (specify) **accidental**  
Date of occurrence **June - 29 - 1947**

Where did Injury occur? **Winthrop**  
(City or town and State)

Did Injury occur in or about home, on farm, in industrial place, or in public place?  
(Specify type of place)

Manner of Injury **Found collapsed at foot of**

Nature of Injury **Stairs at her home**

While at work? ..... Was there an autopsy? **yes**

21 Was disease or injury in any way related to occupation of deceased? .....

If so, specify **Mr. J. Britley** M. D.  
(Signed) **Boston** **June - 29 1947**  
(Address)

22 **Winthrop** **Winthrop**  
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL **July 1 1947** 19

23 NAME OF FUNERAL DIRECTOR **John F. O'Malley**  
ADDRESS **Winthrop**

Received and filed **JUL 2 1947** 19

(Registrar)

PARENTS  
13 NAME OF FATHER **Thomas Murray**  
14 BIRTHPLACE OF FATHER (City) .....  
(State or country) **Ireland**  
15 MAIDEN NAME OF MOTHER **Mary A. Stirrup**  
16 BIRTHPLACE OF MOTHER (City) .....  
(State or country) **England**

17 Informant **Mary Murray** (Address) **183 Cottage Pk. Rd**

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transfer permit was issued:

**Walter S. Baker**  
(Signature of Agent of Board of Health or other)

**Health Officer** (Official Designation) **7/1/47** (Date of Issue of Permit)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE  
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall hurry or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person) .....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT





The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

132

Registered No. ....

1 PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution,  
(give its NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence No.

222 River Road

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

hospital-1 hour

(Specify whether)

years

months

days

In this community

yrs.

mos.

days

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) no

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

5 SINGLE (write the word)

MARRIED  
WIDOWED  
or DIVORCED married

5a If married, widowed, or divorced

HUSBAND of

Nettie Cohen

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

50 years

7 If STILLBORN, enter that fact here.

8

AGE

52

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Wholesale ladies wear

Industry

10 or Business:

11 Social Security No. 028-10-5196

12 BIRTHPLACE (City)

(State or country)

Russia

13 NAME OF  
FATHER

Simon Margil

14 BIRTHPLACE OF  
FATHER (City)

(State or country)

Russia

15 MAIDEN NAME

OF MOTHER

Frima Guss

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Russia

17

Informant

(Address)

Alexander Margil

(Relationship, if any)

190 Woodcliff Rd - Newton, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

Walter A. Baker

(Signature of Agent of Board of Health or other)

Health Officer

(Official Designation)

(Date of Issue of Permit)

7/1/47

MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATH

June 30 1947

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

April 1938, to June 30 1947

I last saw him alive on June 30 1947 death is said to

have occurred on the date stated above, at 10:00 P.M.

Immediate cause of death

Duration

Acute Coronary Thrombosis 1 hr.

Due to

Due to

Other conditions Diabetes mellitus 9 yrs.

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? Clinical.

Physician

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles L. Berger M. D.

(Address) Winthrop Date 30 June 1947

21 Dor. Hebrew Helping Hand, Everett

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

July 1, 1947

22 NAME OF

FUNERAL DIRECTOR

ADDRESS 420 Harvard Street, Brookline.

Received and filed

JUL 2 1947

19

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



PLACE OF DEATH  
1Suffolk  
(County)Winthrop  
(City or Town)

No. 295 Winthrop St.

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No.

133

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Clifford J. Thibeau

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 295 Winthrop St  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Specify whether) years months days. In this community yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

18 DATE OF DEATH June 30, 1947  
(Month) (Day) (Year)5a If married, widowed or divorced  
HUSBAND of: Amelia Stempien  
(Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)19 I HEREBY CERTIFY, That I attended deceased from  
19 to 19

6 Age of husband or wife if alive 41 years

I last saw h alive on 19, death is said to

7 IF STILLBORN, enter that fact here.

have occurred on the date stated above, at 9:15 P. m.

8 AGE 43 Years Months Days If less than 1 day Hours Minutes

Immediate cause of death

9 Occupation: Dental Technician

Due to Probable coronary occlusion 1 hour

10 Industry or Business: Dental Laboratory

Due to

11 Social Security No. 029-07-5702

Other conditions (Include pregnancy within 3 months of death)

12 BIRTHPLACE (City) East Boston  
(State or Country) Mass

none

IMPORTANT

13 NAME OF FATHER John Thibeau

Major findings: Of operations none

Physician

14 BIRTHPLACE OF FATHER (City) Cape Breton  
(State or Country)

Date of

Underline the cause to which death should be charged statistically.

15 MAIDEN NAME OF MOTHER Celina LeBlanc

Of autopsy none clinical

16 BIRTHPLACE OF MOTHER (City) Cape Breton  
(State or Country)

20 Was disease or injury in any way related to occupation of deceased? no

17 Informant (Address) Amelia Thibeau (Wife if any)  
295 Winthrop StIf so, specify (Signed) Arthur G. Murray, M. D.  
(Address) Winthrop Board of Health Date Jul 194721 Place of Burial, Cremation or Removal Winthrop  
DATE OF BURIAL July 3, 1947 1922 NAME OF FUNERAL DIRECTOR John F. O'Neil  
ADDRESS Winthrop Mass

Received and Filed 19

JUL 2 1947  
(Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Walter G. Baker  
(Signature of Agent, Board of Health or other)  
Health Officer (Date of Issue of Permit) 7/3/47

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

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## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSTewksbury State Hospital  
and Infirmary

(City or town making return)

COPY OF  
CERTIFICATE OF DEATH

Registered No. 110134

1 PLACE OF DEATH

Middlesex

(County)

Tewksbury, Mass.

(City or Town)

No. Tewksbury State Hospital and Infirmary

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)2 FULL NAME Bridget Ferrins  
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence, No. 11 Neptune Avenue  
(Usual place of abode) St. Winthrop  
(If nonresident, give city or town and State)Length of stay: in hospital or institution years 1 months 18 days  
(Before death) (Specify whether) In this community yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)  
MARRIED Married  
WIDOWED  
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of John Ferrins  
(Husband's name in full)

6 Age of husband or wife if alive 69 years

7 IF STILLBORN, enter that fact here

8 AGE 64 Years Months - Days If less than 1 day  
Hours Minutes

Usual Occupation: Housewife

10 Industry or Business:

11 Social Security No. None

12 BIRTHPLACE (City) Not learned  
(State or country) Ireland

PARENTS

13 NAME OF FATHER Patrick Malleigh

14 BIRTHPLACE OF FATHER (City) Not learned  
(State or country) Ireland

15 MAIDEN NAME OF MOTHER Catherine Creighan

16 BIRTHPLACE OF MOTHER (City) Not learned  
(State or country) Ireland17 Informant Hospital Records (Relation, if any)  
(Address)

A TRUE COPY. C. Winthrop Houghton M.D. Supt.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED April 7, 1947

18 DATE OF DEATH April 7 1947  
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from  
Feb. 19, 1947, to April 7, 1947  
I last saw her alive on April 7, 1947, death is said to  
have occurred on the date stated above, at 12:10 P.M.

Immediate cause of death: Hypertensive Heart Disease Years

Due to Generalized and cerebral  
Arteriosclerosis

Due to

Other conditions Diabetes Mellitus  
(Include pregnancy within 3 months of death)Major findings:  
Of operationsDate of Clinical  
Of autopsy X-ray EKG

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify Lois B. Crowell  
(Signed) T.S.H. & I, Tewksbury Date 4/7 1947  
(Address)21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Patrick's, Watertown  
April 10, 1947

DATE OF BURIAL April 10, 1947

22 NAME OF FUNERAL DIRECTOR John F. O'Maley  
ADDRESS Winthrop, Mass.Received and filed JUL 14 1947 19  
(Registrar of City or Town where deceased resided)

Physician

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

XX



## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSCOPY OF  
CERTIFICATE OF DEATHDanvers  
(City or town making return)

Registered No. 135

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)

No. Danvers State Hospital, Hathorne, Mass. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Cora Holahan (Cora Lowe)  
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.  
War Veteran,  
specify WAR)(a) Residence, No. 81 Plummer Ave., Winthrop, Mass.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution years 10 months 28 days. In this community yrs. mos. days.  
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

5a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of Anthony Holahan  
(Husband's name in full)

6 Age of husband or wife if alive Unknown years

7 IF STILLBORN, enter that fact here.

8 79 AGE Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Unable to work

10 Industry or Business:

11 Social Security No. None

12 BIRTHPLACE (City) St. Louis  
(State or country) Missouri

13 NAME OF FATHER Stephen Lowe

14 BIRTHPLACE OF FATHER (City) St. Louis  
(State or country) Missouri

15 MAIDEN NAME OF MOTHER Elizabeth Hart

16 BIRTHPLACE OF MOTHER (City) St. Louis  
(State or country) Missouri17 Informant Mary K. McPhillips (Relation, if any)  
(Address) Hathorne, Mass.

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED June 23 19 47

18 DATE OF DEATH June 16 1947  
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from July 18 1946, to June 16 1947.  
I last saw her alive on June 16 1947, death is said to have occurred on the date stated above, at 4:00 a.m.

Immediate cause of death: Arteriosclerotic heart disease 10 yrs.

Due to:  
Due to:Other conditions:  
(Include pregnancy within 3 months of death)Major findings:  
Of operations:  
Date of:  
Of autopsy:  
Underline the cause to which death should be charged statistically.

What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased?

If so, specify:  
(Signed) Francis X. Sullivan, M. D.  
(Address) Hathorne, Mass. Date 6/20/194721 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cem. Winthrop  
(Cemetery) (City or Town)

DATE OF BURIAL June 18 19 47

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds  
ADDRESS Winthrop, Mass.

Received and filed JUL 14 1947 19

(Registrar of City or Town where deceased resided)





## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSCOPY OF  
CERTIFICATE OF DEATH

Danvers

(City or town making return)

Registered No.

136

PLACE OF DEATH  
1

Essex

(County)

Danvers

(City or Town)

No. Danvers State Hospital, Hathorne, Mass. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William M. Worcester

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 19 Center St., Winthrop, Mass. St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether)

years

months

14 days

In this community

yrs.

mos.

days

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED

WIDOWED

OR DIVORCED Married

Male

White

5a If married, widowed, or divorced HUSBAND of Texas G. Marston

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive 70? years

7 IF STILLBORN, enter that fact here.

8 AGE 88 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Unable to work

10 Industry or Business:

11 Social Security No. None

12 BIRTHPLACE (City) Bangor  
(State or country) Maine

13 NAME OF FATHER Daniel Worcester

14 BIRTHPLACE OF FATHER (City) Maine  
(State or country)

15 MAIDEN NAME OF MOTHER Cannot be learned (Eastman?)

16 BIRTHPLACE OF MOTHER (City) Maine  
(State or country)17 Informant Mary K. McPhillips (Relation, if any)  
(Address) Hathorne, Mass.

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED June 23 19 47

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

June 16 1947

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from June 2, 1947, to June 16, 1947.

I last saw him alive on June 16, 1947 death is said to have occurred on the date stated above, at 1:30 p.m.

Immediate cause of death

Arteriosclerotic heart disease

Duration

20 yrs.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

Clinical

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Pasquale Buoniconto M. D.

(Address) Hathorne, Mass. Date 6/20 1947

21 PLACE OF BURIAL, Oak Grove Cem. Medford  
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL

June 18

19 47

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh  
ADDRESS Winthrop, Mass.

Received and filed

19

(Registrar of City or Town where deceased resided)





**PLACE OF DEATH** *Suffolk* (County)  
*Winthrop* (City or Town)  
 No. *28* *Thornton St Winthrop* St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

**2 FULL NAME** *Rev Neil Paul Brennan*  
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) **Residence.** No. *28* *Thornton St* St. (If nonresident, give city or town and State)

**Length of stay:** In hospital or Institution (Before death) \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days. In this community *74* yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

**STANDARD  
CERTIFICATE OF DEATH**

Registrar's No. *137*

**PHYSICIAN-IMPORTANT**

(Was deceased a U. S. War Veteran, if so specify WAR) *No*

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

**3 SEX** *male*  
**4 COLOR OR RACE** *white*  
**5 SINGLE** (write the word) *Single*  
 MARRIED  
 WIDOWED  
 or DIVORCED

**5a** If married, widowed, or divorced  
 HUSBAND of \_\_\_\_\_ (Give maiden name of wife in full)  
 (or) WIFE of \_\_\_\_\_ (Husband's name in full)

**6** Age of husband or wife if alive \_\_\_\_\_ years  
**7** IF STILLBORN, enter that fact here. \_\_\_\_\_

**8** AGE *74* Years \_\_\_\_\_ Months \_\_\_\_\_ Days | If less than 1 day  
 Hours \_\_\_\_\_ Minutes

**9** Usual Occupation: *Chapman*  
 Industry or Business: *St John The Evangelist*

**11** Social Security No. \_\_\_\_\_

**12** BIRTHPLACE (City) *Boston*  
 (State or country) *Mass*

**13** NAME OF FATHER *Neil P. Brennan*

**14** BIRTHPLACE OF FATHER (City) *Ireland*  
 (State or country)

**15** MAIDEN NAME OF MOTHER *Eleanor Barr*

**16** BIRTHPLACE OF MOTHER (City) *Ireland*  
 (State or country)

**18** DATE OF DEATH *July 5<sup>th</sup> 1947*  
 (Month) (Day) (Year)

**19** I HEREBY CERTIFY, That I attended deceased from *July 1, 1947*, to *July 5, 1947*, 19 *47*  
 I last saw him alive on *July 5, 1947*, death is said to have occurred on the date stated above, at *10:50* M.  
 Immediate cause of death: *Cerebral hemorrhage*  
 Due to *arteriosclerosis*  
 Due to \_\_\_\_\_

Other conditions. (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_ Date of \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_

**20** Was disease or injury in any way related to occupation of deceased? *No*  
 If so, specify \_\_\_\_\_ (Signed) \_\_\_\_\_, M. D.  
 (Address) *Washington 7-6-1947*

**21** *Holy Cross* *Malden*  
 Place of Burial, Cremation or Removal. (City or Town)  
 DATE OF BURIAL *July 8<sup>th</sup> 1947*

**22** NAME OF FUNERAL DIRECTOR *Benard J. McNamee*  
 ADDRESS *32 Brantley Hill St Char,*

Received and filed *JUL 9 1947* 19 \_\_\_\_\_

I was filed with me BEFORE the burial or transit permit was issued:  
 I HEREBY CERTIFY that a satisfactory standard certificate of death

*Walter H. H. H. H.*  
 (Signature of Agent of Board of Health or other)  
*Health Officer* (Official Designation) *7/7/47* (Date of Issue of Permit)

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION



## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

Boston

(City or town making return)

6062  
138PLACE OF DEATH  
1

Suffolk

(County)

Boston

(City or Town)

No. Starr Nursing Home

COPY OF  
CERTIFICATE OF DEATH

74 Corey Road

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Minnie Etelman

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 135 Grovers Ave.  
(Usual place of abode)

St. Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution years months 9 days. In this community yrs. moe. 9 days.  
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Widowed

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of Isaac Etelman  
(Give maiden name of wife in full)  
(Husband's name in full)

6 Age of husband or wife if alive --- years

7 IF STILLBORN, enter that fact here.

8 AGE 75 Years Months Days | If less than 1 day  
Hours Minutes

Usual Occupation: Housework

Industry or Business: At Home

11 Social Security No. None

12 BIRTHPLACE (City) Russia  
(State or country)

13 NAME OF FATHER Abraham Grossman

14 BIRTHPLACE OF FATHER (City) Russia  
(State or country)

15 MAIDEN NAME OF MOTHER Cannot be learned

16 BIRTHPLACE OF MOTHER (City) Russia  
(State or country)17 Informant E Etelman (Daughter in Law)  
(Address)

A TRUE COPY

ATTEST: (Registrar of city or town where death occurred)

DATE FILED July 8/47

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 5/47  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 26, 1947 to July 5, 1947

I last saw him or her on July 5, 1947, death is said to have occurred on the date stated above, at 6:45PM m.

Immediate cause of death Broncho Pneumonia Duration 1 Day

Due to Cerebral Thrombosis 1 Week

Due to Generalized Arterio Sclerosis

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations. Physician Underline the cause to which death should be charged statistically.

Date of

Of autopsy

What test confirmed diagnosis? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify I H Parks M.D.

(Signed) Brookline Mass Date 7-5 1947  
(Address)21 PLACE OF BURIAL Mt. Lebanon New Palestine West Rox.  
CREMATION OR REMOVAL (City or Town)

DATE OF BURIAL July 6/47 19

22 NAME OF FUNERAL DIRECTOR B Birnbach  
ADDRESS Dorchester Mass

Received and filed JUL 30 1947 19

(Registrar of City or Town where deceased resided)

of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)





## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

Revere

(City or town making return)

COPY OF  
CERTIFICATE OF DEATH

Registered No. 139

PLACE OF DEATH  
1

Suffolk

(County)

Revere

(City or Town)

No. Revere General Hospital

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME John M. Matthews

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.  
War Veteran,  
specify WAR)

(a) Residence, No. 15 Hutchinson

(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp. years months 1 days. In this community yrs. mos. 1 days.  
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)  
MARRIED Single  
WIDOWED or DIVORCED

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE Years Months 1 Days If less than 1 day  
Hours Minutes

9 Usual Occupation: -----

10 Industry or Business: -----

11 Social Security No. -----

12 BIRTHPLACE (City) Revere  
(State or country) Mass.

13 NAME OF FATHER Everett Matthews

14 BIRTHPLACE OF FATHER (City) Winthrop  
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Jean D. Cullen

16 BIRTHPLACE OF MOTHER Cambridge  
(State or country) Mass.17 Informant: Everett Matthews (Father)  
(Address) 15 Hutchinson St., Winthrop

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED July 10, 1947 19

18 DATE OF DEATH July 5, 1947  
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from  
July 4, 1947 to July 5, 1947  
I last saw him alive on July 5, 1947, death is said to  
have occurred on the date stated above, at 2:30a m.

Duration

Immediate cause of death: Bilateral Broncho Pneumonia 6 Hrs.  
(New born male infant.)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Paul P. Weinsaft, M. D.  
(Address) 238 Winthrop Shoreline 7/5 19 47  
Drive, Winthrop21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop  
(Cemetery) (City or Town)

DATE OF BURIAL July 7, 19 47

22 NAME OF FUNERAL DIRECTOR John E. O'Maley  
ADDRESS Winthrop, Mass.

Received and filed AUG 8 1947 19

(Registrar of City or Town where deceased resided)

Revere City, Mass. in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)





If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m. (R)-1-45 15510

Complete from the views on back of certificate.

PLACE OF DEATH

No.

2 FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS



STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 140

(If death occurred in a hospital or institution,  
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(If nonresident, give city or town and State)

In this community 15 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED

5a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 63 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Butcher

10 Industry or Business: Self-Employed

11 Social Security No.

12 BIRTHPLACE (City) (State or country)

13 NAME OF FATHER

14 BIRTHPLACE OF FATHER (City) (State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City) (State or country)

17 Informant (Address) Miss Catherine Biancardi, Agyle St. North

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 7, 1947 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 29, 1947, to July 7, 1947. I last saw him alive on July 7, 1947, death is said to have occurred on the date stated above, at 8 P. m.

Immediate cause of death

Acute dilatation of heart

Due to General carcinomatous

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis? clinical

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. J. Magretta M. D. (Address) 778 Sanborn St. Date 7/8/47

21 Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL July 10, 1947

22 NAME OF FUNERAL DIRECTOR

ADDRESS 778 Sanborn St. Cambridge

Received and filed JUL 11 1947

(Registrar)

**EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE  
RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE \_\_\_\_\_

DATE OF DISCHARGE \_\_\_\_\_

RANK, RATING \_\_\_\_\_

ORGANIZATION AND OUTFIT \_\_\_\_\_

SERVICE NUMBER \_\_\_\_\_



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. **141**

1 PLACE OF DEATH  
*Supp*  
(County)  
**Winthrop**  
(City or Town)  
No. **16 Beach Rd**



St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME **Rose Dora Smith**  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

**PHYSICIAN - IMPORTANT**

(Was deceased a  
U. S. War Veteran, none  
if so specify WAR)

(a) Residence, No. **16 Beach Rd**  
(Usual place of abode)

St. **Winthrop**

(If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days In this community **35** yrs. mos. days.  
(Define death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **f** 4 COLOR OR RACE **W** 5 SINGLE (write the word)  
MARRIED **married**  
WIDOWED  
or DIVORCED

18 DATE OF DEATH **July 7, 1947**  
(Month) (Day) (Year)

5a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of **Samuel Smith**  
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from  
**20 June, 1947, to 7 July, 1947**  
I last saw him alive on **7 July, 1947**, death is said to  
have occurred on the date stated above, at **11:45 A.M.**

6 Age of husband or wife if alive **62** years

Immediate cause of death. Duration

7 IF STILLBORN, enter that fact here.

8 AGE **57** Years Months Days If less than 1 day  
Hours Minutes

**Coronary thrombosis** **3 wks**

9 Usual Occupation: **Housewife**

Due to **Arterio-sclerosis** **1 yr.**

10 Industry or Business: **at home**

Due to **(Coronary artery disease)**

11 Social Security No. **none**

Other conditions **none**  
(Include pregnancy within 3 months of death)

12 BIRTHPLACE (City)  
(State or country) **Russia**

**IMPORTANT**

PARENTS

13 NAME OF FATHER (unknown) **Danberg**

Major findings: Physician  
Of operations Underline the cause to which death should be charged statistically

14 BIRTHPLACE OF FATHER (City)  
(State or country) **Russia**

Date of  
Of autopsy  
What test confirmed diagnosis? **Clinical**

15 MAIDEN NAME OF MOTHER **Rachael (unknown)**

20 Was disease or injury in any way related to occupation of deceased? **no**  
If so, specify

16 BIRTHPLACE OF MOTHER (City)  
(State or country) **Russia**

(Signed) **Charles Liberman** M. D.  
(Address) **26 Waverley, W. Winthrop** Date **7 July 1947**

17 Informant **Samuel Smith husband**  
(Address) **16 Beach Rd Winthrop**

21 **Beth David Cem. Woburn**  
Place of Burial, Cremation or Removal (City or Town)  
DATE OF BURIAL **July 7 1947**

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

22 NAME OF FUNERAL DIRECTOR **Louis Schlauberg**  
ADDRESS **1272 Blue Hill Ave Matt**

(Signature of Agent of Board of Health or other)  
**Health Officer** **7/7/47**  
(Official Designation) (Date of Issue of Permit)

Received and filed **JUL 9 1947** 19  
(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained bereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



1 PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

No. 125 Cliff Avenue



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent

Registered No.

142

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Charlotte (Besom) Smith  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) No.

(a) Residence, No. 88 Sargent Street  
(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution nursing home 10 months days. In this community 10 yrs. mos. days.  
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX female 4 COLOR OR RACE white 5 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED married

5a If married, widowed, or divorced  
HUSBAND of

(Give maiden name of wife in full)  
(or) WIFE of James Porter Smith  
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 75 Years 8 Months 15 Days | If less than 1 day  
Hours Minutes

Usual  
9 Occupation: at home

Industry  
10 or Business:

11 Social Security No. none

12 BIRTHPLACE (City) Newport  
(State or country) Penn.

13 NAME OF  
FATHER Samuel Besom

14 BIRTHPLACE OF  
FATHER (City) Newport  
(State or country) Penn.

15 MAIDEN NAME  
OF MOTHER Mary VanNewkirk

16 BIRTHPLACE OF  
MOTHER (City) Newport  
(State or country) Penn.

17 Informant Louise S. Evans (Relation, if any)  
(Address) 88 Sargent St. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transfer permit was issued:

Walter E. Baker  
(Signature of Agent of Board of Health or other)

H. O. [Signature] (Official Designation)  
(Date of Issue of Permit) July 11/47

18 DATE OF  
DEATH July 10 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
Feb. 19, 1945 1947 to July 10, 1947.

I last saw her alive on July 8, 1947, death is said to  
have occurred on the date stated above, at 9<sup>20</sup> P. M.

Immediate cause of death

Duration

Cerebral thrombosis  
Due to arteriosclerotic Heart  
Disease

IMPORTANT

1/2 hour5 years

Due to

Other conditions hypertrophic arthritis  
(Include pregnancy within 3 months of death)  
Chronic draining (post-fracture)

IMPORTANT

Major findings: right hip + adductor burn  
Of operations none Date of July 10, 1947

Physician

Of autopsy none

What test confirmed diagnosis? Clinical + laboratory

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

20 Was disease or injury in any way related to occupation of deceased? no  
If so, specify

(Signed) Maurice Treushen M. D.  
(Address) 562 Clough St. Winthrop, Mass Date July 10, 1947

21 Winthrop Cemetery, Winthrop Mass  
Place of Burial, Cremation or Removal, (City or Town)

DATE OF BURIAL July 12, 1947 1947

22 NAME OF  
FUNERAL DIRECTOR Arthur B. Marsh

ADDRESS 174 Winthrop St. Winthrop Mass

Received and filed JUL 15 1947 1947

(Registrar)

**EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE**

**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

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301A  
from should be in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

Suffolk  
(County)

Winthrop  
(City or Town)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

STANDARD  
CERTIFICATE OF DEATH

Registered No. 143

No. 366 Pleasant St. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph Sousa  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran specify WAR) *Spain*

(a) Residence. No. 366 Pleasant St. St., Ward.  
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widower (write the word)

6a If married, widowed, or divorced HUSBAND of Julia Sullivan (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

8 IF STILLBORN, enter that fact here.

7 AGE 68 Years Months Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Electric May Dept*  
10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Boston (State or country) Mass.

13 NAME OF FATHER Unable to learn Sousa

14 BIRTHPLACE OF FATHER (City) Unable to learn (State or country)

15 MAIDEN NAME OF MOTHER Unable to learn

16 BIRTHPLACE OF MOTHER (City) Unable to learn (State or country)

17 Informant Joseph H Sousa (Address) 366 Pleasant St. Relation, if any (son)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:  
Walter J. Baker (Signature of Agent of Board of Health or other Health officer) 7/13/47 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 10 1947 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19, death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance in order of onset were as follows:

*Coronary arteriosclerosis*  
Contributory causes of importance not related to principal cause:  
*medial hammer*  
*renal insufficiency*

Name of operation Data of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) *Charles J. Mahoney* M. D.  
Address *1000 North St.* Date *7-11-47*

21 Oak Grove Medford (Place of Burial, Cremation or Removal) (City or Town)

DATE OF BURIAL July 14 1947

22 NAME OF UNDERTAKER P. J. De Neill ADDRESS Dover

Received and filed 19

JUL 15 1947 (Registrar)

**Statement of occupation.**—Precise statement of occupation, is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. (Children not faintly employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write to housework in answer to Question 8, and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MECHANIC, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

**A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.**

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate, as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been secured, as required by section ten of chapter forty-six, that the deceased obtained hereunder. If the death certificate contains a certificate served in the army, navy or marine corps of the United States in any war in which it has been engaged, such certificate shall appear upon the permit. The board of health, or its agent upon receipt of such statement and certificate, shall forthwith complete it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish to the registrar any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 40. The registrar in . . . GEN. LAWS, CHAP. 38, SEC. 41. He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried. The funeral is to be held, or from a person appointed to have the care of the cemetery, or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

### RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposable by due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, and the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



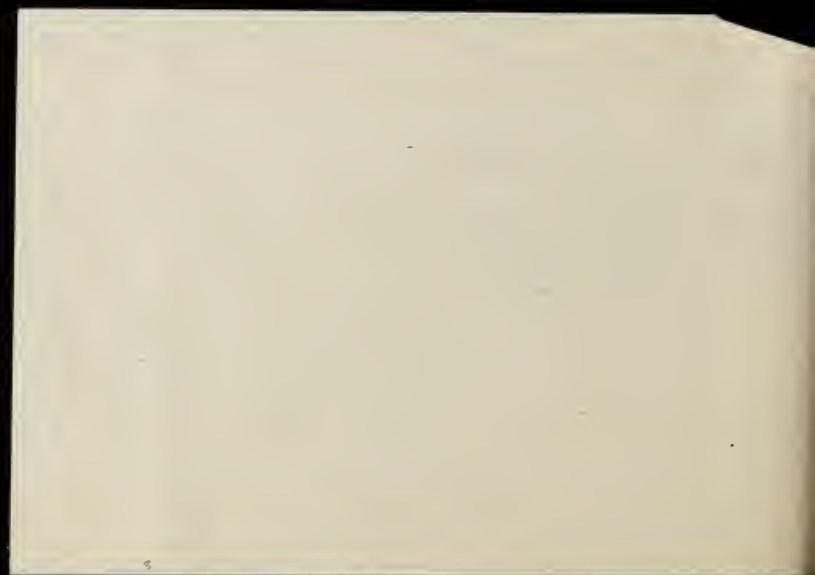
SOUSA

ENLISTED 8/2/1897

DISCHARGED 4/11/1903

MESS ATTENDANT

WAR RECORD





## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSCOPY OF  
CERTIFICATE OF DEATHCambridge  
(City or town making return)

Registered No. 1060144

PLACE OF DEATH  
1

Middlesex

(County)

Cambridge

(City or Town)

No. Holy Ghost Hospital

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME John Connelly,

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.  
War Veteran,  
specify WAR) No

(a) Residence. No. 51 Bowdoin Street

(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution Hospital 1 years - months - days. In this community 40 yrs. mos. days.  
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)  
MARRIED WIDOWED or DIVORCED Single5a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 78 Years 6 Months 14 Days | If less than 1 day  
Hours MinutesUsual  
9 Occupation: Laborer - Water DepartmentIndustry  
10 or Business: Town of Winthrop

11 Social Security No. None

12 BIRTHPLACE (City) Galway, Ireland  
(State or country)

13 NAME OF FATHER Andrew Connelly,

14 BIRTHPLACE OF FATHER (City) Galway, Ireland  
(State or country)

15 MAIDEN NAME OF MOTHER Catherine Burke

16 BIRTHPLACE OF MOTHER (City) Galway, Ireland  
(State or country)17 Informant Miss Agnes J. Nestor, (Relation, if any)  
(Address) 51 Bowdoin St., Winthrop, Mass. (Place)

A TRUE COPY. Frederick H. Burke

ATTEST: (Registrar of city or town where death occurred)

DATE FILED July 15, 1947 19

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 14, 1947  
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from  
July 15, 1946, to July 14, 1947  
I last saw him alive on July 14, 1947, death is said to  
have occurred on the date stated above, at 9:30 A. m. DurationImmediate cause of death  
Coronary Thrombosis  
with Myocardial  
Due to Infarction and Mural  
thrombosis  
Due toOther conditions Hypostatic pneumonia Abt 1 wk  
(Include pregnancy within 3 months of death) Physician  
Generalized Arteriosclerosis Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.Major findings:  
Of operations Date of  
Of autopsy AboveWhat test confirmed diagnosis?  
20 Was disease or injury in any way related to occupation of deceased? No.If so, specify F. L. Landrigan, M. D.  
(Signed) Holy Ghost Hosp. Camb. Date 7/14/1947  
(Address)21 PLACE OF BURIAL, Winthrop Cem. Winthrop  
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL July 17, 1947 19

22 NAME OF FUNERAL DIRECTOR Richard C. Kirby,  
ADDRESS Boston, Mass.

Received and filed JUL 18 1947 19

(Registrar of City or Town where deceased resided)

See Chap. 46, Sec. 12, G. L.





extracts from the laws on back of certificate.  
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

PLACE OF DEATH

No.

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of stay: In hospital or institution (Before death) (Specify whether)

years months 4 days In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W. 5 SINGLE (write the word) MARRIED Married

5a If married, widowed, or divorced HUSBAND OF Josephine Busalacchi (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 64 years

7 IF STILLBORN, enter that fact here.

8 AGE 64 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Fish - Dealer

10 Industry or Business: Wholesale

11 Social Security No. 010-63-6732

12 BIRTHPLACE (City) (State or country) Palermo, Italy

13 NAME OF FATHER Francesco Busalacchi

14 BIRTHPLACE OF FATHER (City) (State or country) Palermo, Italy

15 MAIDEN NAME OF MOTHER Pietra Tarantino

16 BIRTHPLACE OF MOTHER (City) (State or country) Palermo, Italy

17 Informant (Address) Josephine Busalacchi, 1105 Sratoga St., East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

(Signature of Agent of Board of Health or other) Walter H. Baker

(Official Designation) Health Officer (Date of Issue of Permit) 7/22/47

The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 145

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR)

East Boston (If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 20 1947 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 13, 1947, to July 20, 1947 last saw him alive on July 19, 1947 death is said to have occurred on the date stated above, at 5:20 P.M.

Immediate cause of death Trichinosis Duration 7 days

Trichinosis Due to Bronchopneumonia of Rt. Lung. 4 days

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No If so, specify D.D. B.C.C. (Signed) M. D. (Address) 7 Central St., E.D. Date 7/20 1947

21 Place of Burial, Cremation or Removal 4th Cross Alder (City or Town) DATE OF BURIAL July 23, 1947

22 NAME OF FUNERAL DIRECTOR Michael J. Gagnano ADDRESS 978 Sratoga St. - E. Boston

Received and filed JUL 23 1947 (Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER





EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

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terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m. (g.) 1-45-15510



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. **147**

1 PLACE OF DEATH  
Suffolk  
(County)  
Winthrop  
(City or Town)  
No. **249 Pleasant Street**

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME **Ellie Roy Jones**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. **249 Pleasant Street**  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years ..... months ..... days. In this community **5** yrs. .... mos. .... days.  
(Before death) (Specify whether)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED **Single**

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE **18** Years **4** Months **6** Days | If less than 1 day  
Hours ..... Minutes

Usual  
9 Occupation: **Student**

Industry  
10 or Business:

11 Social Security No. **010-22-8113**

12 BIRTHPLACE (City) **Honolulu**  
(State or country) **Hawaii**

13 NAME OF  
FATHER **Ellie C Jones**

14 BIRTHPLACE OF  
FATHER (City) **London**  
(State or country) **Kentucky**

15 MAIDEN NAME  
OF MOTHER **Ann J Stevens**

16 BIRTHPLACE OF  
MOTHER (City) **Sommerville**  
(State or country) **South Carolina**

17 Informant **Ann J Jones Mother** Relation, if any  
(Address) **249 Pleasant St Winthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **July 20 1947**  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
**May 30, 1947, to July 20, 1947**  
I last saw him alive on **July 19, 1947**, death is said to  
have occurred on the date stated above, at **10:45 A.** m.

Immediate cause of death..... Duration

**Osteogenic sarcoma (left leg) 16 mo.**  
Due to **with pulmonary metastases**

Due to .....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings: **Mid thigh amputation (left)**  
Of operations **Left lower lobectomy** Date of **April 1947**  
Of autopsy .....  
What test confirmed diagnosis? **X-ray + biopsy**

20 Was disease or injury in any way related to occupation of deceased? **NO**  
If so, specify .....

(Signed) **Arthur C. Murray** M. D.  
(Address) **Winthrop Mass.** Date **July 20 1947**

21 **Winthrop** **Winthrop**  
Place of Burial, Cremation or Removal. (City or Town)  
DATE OF BURIAL **July 24 1947**

22 NAME OF FUNERAL DIRECTOR **Howard S. Reynolds**  
ADDRESS **Winthrop Mass.**

Received and filed **19**

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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RULES OF PRACTICE

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



PLACE OF DEATH  
1

Suffolk  
(County)

Winthrop  
(City or Town)

No. Winthrop Community Hospital



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent

Registered No.

148

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Theodore Roland Gardner

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 154 Circuit Road

(Usual place of abode)

Nursing Home 2 months

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution Hospital years months 11 days.

(Before death)

(Specify whether)

In this community 48 yrs. mos. days.

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

5 SINGLE (write the word)

MARRIED

WIDDED

or DIVORCED

married

5a If married, widowed or divorced

HUSBAND of Marguerite A. Holmes

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive 58 years

7 IF STILLBORN, enter that fact here.

8 AGE 66 Years 9 Months 30 Days | If less than 1 day  
Hours Minutes

Usual

9 Occupation: retired

Industry

10 or Business: engineer B.R. & L.R.R.

11 Social Security No. 023-10-6837A.

12 BIRTHPLACE (City) Worcester

(State or country)

Mass.

13 NAME OF

FATHER

Roland Coffin Gardner

14 BIRTHPLACE OF

FATHER (City)

Nantucket Island

(State or country)

Mass.

15 MAIDEN NAME

OF MOTHER

Annie Wallace

16 BIRTHPLACE OF

MOTHER (City)

Nova Scotia

(State or country)

17 Informant Mrs. T.R. Gardner

(Address)

154 Circuit Rd, Winthrop

Relationship any

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

July

21

1947

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

July 3, 1947, to July 21, 1947

I last saw him alive on July 20, 1947, death is said to

have occurred on the date stated above, at 8:34 A. M.

Immediate cause of death

Broncho-pneumonia

Acute Nephritis

Due to

Due to

Cerebral Hemorrhage

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

NONE

Of autopsy

NONE

What test confirmed diagnosis?

Clinical

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Sydney W. Dickinson

M. D.

(Address) Winthrop, Mass. Date 7-21-1947

21 Winthrop Cemetery Winthrop, Mass.

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL July 24, 1947

19

22 NAME OF  
FUNERAL DIRECTOR

Chas. B. Marsh

ADDRESS 147 Winthrop St., Winthrop, Mass.

Received and Read

JUL 23 1947

19

(Registrar)

**EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE**

**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

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See instructions and extracts from the laws on back of certificate.  
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. **149**

1 PLACE OF DEATH  
Suffolk  
(County)  
Winthrop  
(City or Town)

No. **65 Beal Street, Winthrop**

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number.)

2 FULL NAME **Sarah M. Howard ( Robicheau )**  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT  
(Was deceased a  
U. S. War Veteran,  
if so specify WAR) **No**

(a) Residence. No. **65 Beal Street**  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution **None** years months days. In this community **42 yrs.** mos. days.  
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3 SEX <b>Female</b>	4 COLOR OR RACE <b>White</b>	5 SINGLE (write the word) <b>MARRIED Married</b> WIDOWED or DIVORCED	18 DATE OF DEATH <b>July 23 1947</b> (Month) (Day) (Year)		
5a If married, widowed or divorced HUSBAND of (Give name of husband or wife in full) (or) WIFE of <b>Richard I. Howard</b> (Husband's name in full)			19 I HEREBY CERTIFY, That I attended deceased from <b>July 15 1947</b> to <b>July 23 1947</b> last saw her alive on <b>July 22 1947</b> , death is said to have occurred on the date stated above, at <b>4:45 A</b> m.		Duration <b>IMPORTANT</b>
6 Age of husband or wife if alive <b>71</b> years			Immediate cause of death <b>Carcinoma of liver</b> months		
7 IF STILLBORN, enter that fact here.			Due to		
8 AGE <b>67</b> Years Months <b>19</b> Days If less than 1 day Hours Minutes			Due to		
9 Usual Occupation: <b>Housewife</b>			Other conditions <b>Cholecystitis</b> (Include pregnancy within 3 months of death) <b>10 yrs</b>		<b>IMPORTANT</b>
10 Industry or Business: <b>At home</b>			Major findings: <b>Cholelithiasis</b> Of operations <b>Peter Bent Brigham</b> Date of <b>July 5, 1947</b>		Physician Underline the cause to which death should be charged statistically.
11 Social Security No. <b>None</b>			Of autopsy <b>none</b>		
12 BIRTHPLACE (City) <b>St. John, N. B.</b> (State or Country)			What test confirmed diagnosis? <b>operation</b>		
PARENTS	13 NAME OF FATHER <b>William Robicheau</b>		20 Was disease or injury in any way related to occupation of deceased? <b>no</b> If so, specify		
	14 BIRTHPLACE OF FATHER (City) <b>St. John, N. B.</b> (State or Country)		(Signed) <b>Arthur C. Murray</b> M. D. (Address) <b>Winthrop Mass</b> Date <b>27 July 1947</b>		
	15 MAIDEN NAME OF MOTHER <b>Mary Sullivan</b>		21 <b>Winthrop Cemetery, Winthrop</b> Place of Burial, Cremation or Removal. (City or Town)		
	16 BIRTHPLACE OF MOTHER (City) <b>St. John, N. B.</b> (State or Country)		DATE OF BURIAL <b>July 25th</b> 19 <b>47</b>		
17 Informant (Address) <b>Richard P. Howard (Son)</b> <b>38 Pleasant Pk., Rd., Winthrop</b>			22 NAME OF FUNERAL DIRECTOR <b>Richard C. Kirby</b> ADDRESS <b>Boston, Massachusetts</b>		
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <b>Walter H. Cable</b> (Signature of Agent of Board of Health or other) <b>Health Officer</b> (Official Designation)			Received and Filed <b>JUL 25 1947</b> (Registrar)		
(Date of Issue of Permit) <b>7/25/47</b>					

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



Be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m.-(R)-1-45-15510

PLACE OF DEATH

Suffolk  
(County)

Winthrop  
(City or Town)

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 150

2 FULL NAME Roselle (Killam) Lythgoe

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 23 Fairview Street  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Hosp. years months 3 days In this community 30 yrs. mos. days.

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

5a If married, widowed, or divorced

HUSBAND of (or) WIFE of Albert W Lythgoe  
(Give maiden name of wife in full)  
(Husband's name in full)

6 Age of husband or wife if alive 58 years

7 IF STILLBORN, enter that fact here.

8 AGE 55 Years 10 Months 26 Days | if less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No. 029-05-2607

12 BIRTHPLACE (City) Yarmouth  
(State or country) Nova Scotia

13 NAME OF FATHER Unable to obtain (Killam)

14 BIRTHPLACE OF FATHER (City) Unable to obtain  
(State or country)

15 MAIDEN NAME OF MOTHER Unable to obtain

16 BIRTHPLACE OF MOTHER (City) Unable to obtain  
(State or country)

17 Informant (Address) Albert W Lythgoe Husband  
23 Fairview St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 7/25/47

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 24 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 21, 1947 to July 24, 1947  
I last saw him alive on July 23, 1947, death is said to have occurred on the date stated above, at 2:33 A. m.

Immediate cause of death: Duration

Branchopneumonia (terminal) 18 hrs

Due to Cerebral hemorrhage 3 days

Due to Hypertension years

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Date of Of autopsy What test confirmed diagnosis? clinical

20 Was disease or injury in any way related to occupation of deceased? NO

(Signed) Arthur C. Murray M. O.  
(Address) Winthrop, Mass Date 24 July 1947

21 Woodlawn Everett  
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL July 26 1947

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds  
ADDRESS Winthrop, Mass.

Received and filed JUL 25 1947

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD  
Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-303 to the clerk of the city or town in which the deceased resided. (See Chap. 40, Sec. 12, G. L.)

50m-(b)-6-44 14607

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

COPY OF  
CERTIFICATE OF DEATH

Danvers  
(City or town making return)

Registered No. 151

PLACE OF DEATH

Essex  
(County)  
1 Danvers  
(City or Town)



No. Danvers State Hospital, Hathorne, Mass. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Etta Winchester (Maiden name unknown)  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence, No. 97 Circuit Road, Winthrop, Mass.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) years 7 months 19 days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

5a If married, widowed, or divorced HUSBAND of Israel Winchester (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive Unknown years

7 IF STILLBORN, enter that fact here.

8 AGE 80 Years Months Days If less than 1 day Hours Minutes

Usual Occupation: Unable to work

Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Nova Scotia  
(State or country) Canada

13 NAME OF FATHER Cannot be learned

14 BIRTHPLACE OF FATHER (City) Cannot be learned  
(State or country)

15 MAIDEN NAME OF MOTHER Cannot be learned

16 BIRTHPLACE OF MOTHER (City) Cannot be learned  
(State or country)

17 Informant Mary K. McPhillips (Relation, if any)  
(Address) Hathorne, Mass.

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED July 14 19 47

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 5 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1947, to July 5, 1947  
I last saw her alive on July 4, 1947, death is said to have occurred on the date stated above, at 5:20 a.m.

Immediate cause of death: Arteriosclerotic heart disease 5 yrs.

Due to:  
Due to:

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: Date of:

Of autopsy: Clinical

What test confirmed diagnosis? no

20 Was disease or injury in any way related to occupation of deceased? no  
If so, specify:

(Signed) Francis X. Sullivan M.D.  
(Address) Hathorne, Mass. Date 7/5 19 47

21 PLACE OF BURIAL, CREMATION OR REMOVAL Nova Scotia, Ca.  
(Cemetery) (City or Town)

DATE OF BURIAL 19

22 NAME OF FUNERAL DIRECTOR Howard Reynolds  
ADDRESS 180 Winthrop St. Winthrop

Received and filed AUG 11 1947 19  
(Registrar of City or Town where deceased resided)





The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

Lexington  
(City or town making return)

COPY OF  
CERTIFICATE OF DEATH

Registered No. 152

PLACE OF DEATH

Middlesex  
(County)  
Lexington  
(City or Town)

No. Metropolitan State Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Axelina Boston  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 714 Shirley St. Winthrop, Mass.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Met. years 12 months 0 days In this community yrs. mos. days.  
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Divorced

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Lewis Rangel (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 67 Years 10 Months 14 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Cook

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Cannot learn (State or country) Sweden

13 NAME OF FATHER John Lind

14 BIRTHPLACE OF FATHER (City) Cannot learn (State or country) Sweden

15 MAIDEN NAME OF MOTHER Johanna Kaufman

16 BIRTHPLACE OF MOTHER (City) Cannot learn (State or country) Sweden

17 Informant Met. State Hosp. (Relation, if any) (Address) Waltham, Mass. Records

A TRUE COPY.

ATTEST: James J. Connel (Registrar of city or town where death occurred)

DATE FILED 7/18/47 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 15, 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1942, to July 15, 1947.

I last saw her alive on July 15, 1947, death is said to have occurred on the date stated above, at 2:35 p.m.

Immediate cause of death Myocardial failure following laparotomy Duration 2 1/2 days

Due to.

Due to.

Other conditions. (Include pregnancy within 3 months of death) Physician

Major findings: Adhesions & intrahepatic obstructions Date of 7/12/47 Underline the cause to which death should be charged statistically.

Of autopsy Clinical

What test confirmed diagnosis? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed) Elizabeth T. Hill M. D. (Address) Met. State Hosp. Date 7/15/47

21 PLACE OF BURIAL, CREMATION OR REMOVAL Cremation Forest Hills (Cemetery) Boston (City or Town)

DATE OF BURIAL July 18, 1947

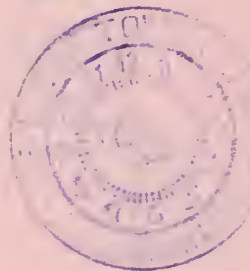
22 NAME OF FUNERAL DIRECTOR Wm. R. Miller ADDRESS 27 Spruce Waltham

Resolved and filed AUG 25 1947 19

(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the previous month which occurred in any city or town in which the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-303 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

ANSWERED



AUG 25 1917 PM



COPIES OF RETURNS OF DEATHS RECORDED DURING THE PREVIOUS MONTH WHICH OCCURRED IN YOUR CITY OR TOWN IN CASE THE DECEASED RESIDED IN ANOTHER CITY OR TOWN AT THE TIME OF DEATH SHOULD BE MADE FORTHWITH AND TRANSMITTED ON FORM R-302 TO THE CLERK OF THE CITY OR TOWN IN WHICH THE DECEASED RESIDED. (See Chap. 46, Sec. 12, G. L.)

50m. (b) 6-44-14607

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

COPY OF  
CERTIFICATE OF DEATH

Danvers

(City or town making return)

Registered No.

153

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)

No. Danvers State Hospital, Hathorne, Mass. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ellen Yarrow (Ellen O'Leary)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 19 Girdlestone Rd., Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death)

years 9 months 25 days

In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

5a If married, widowed, or divorced HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Thomas Yarrow (Husband's name in full)

6 Age of husband or wife If alive years

7 IF STILLBORN, enter that fact here.

8 AGE 62 Years Months Days If less than 1 day Hours Minutes

9 Occupation: Charwoman

10 Industry or Business:

11 Social Security No. Cannot be learned

12 BIRTHPLACE (City) Ireland (State or country)

13 NAME OF FATHER Timothy O'Leary

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Catherine (Cannot be learned)

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant Mary K. McPhillips (Relation, if any) (Address) Hathorne, Mass.

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED July 24 19 47

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 15 1947 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 20 1946 to July 15 1947. I last saw her alive on July 15 1947, death is said to have occurred on the date stated above, at 2:45 a. m.

Immediate cause of death: Arteriosclerotic heart disease

Duration 10 mo.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Date of

What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Julius L. Fryer M. D. (Address) Hathorne, Mass. Date 7/18 19 47

21 PLACE OF BURIAL Holy Cross Cem., Malden CREMATION OR REMOVAL (Cemetery) July 17 (City or Town) 19 47

DATE OF BURIAL

22 NAME OF FUNERAL DIRECTOR F. J. McGrath ADDRESS East Boston

Received and filed AUG 11 1947 19

(Registrar of City or Town where deceased resided)

170	170	170	170	170	170	170	170	170
170	170	170	170	170	170	170	170	170
170	170	170	170	170	170	170	170	170
170	170	170	170	170	170	170	170	170
170	170	170	170	170	170	170	170	170
170	170	170	170	170	170	170	170	170
170	170	170	170	170	170	170	170	170
170	170	170	170	170	170	170	170	170
170	170	170	170	170	170	170	170	170
170	170	170	170	170	170	170	170	170
170	170	170	170	170	170	170	170	170
170	170	170	170	170	170	170	170	170
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170	170	170	170	170	170	170	170	170
170	170	170	170	170	170	170	170	170
170	170	170	170	170	170	170	170	170
170	170	170	170	170	170	170	170	170
170	170	170	170	170	170	170	170	170



should be carefully supplied. MEDICAL EXAMINER should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

50m. (f)-6-43-12056

PLACE OF DEATH

Suffolk  
(County)

Boston  
(City or Town)

No. Winthrop Community Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 154

2 FULL NAME John Joseph McCormack  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. Community Bldg Pearl St. Winthrop  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution no years months days. In this community 35 yrs. mos. days.  
(Before death) (Specify whether)

PHYSICIAN-IMPORTANT

(Was deceased a U. S. War Veteran, If so specify WAR) No

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

AGE 43 Years 7 Months 21 Days | If less than 1 day Hours Minutes

9 Occupation: Custodian

Industry or Business: Custodian of Buildings

11 Social Security No. 021-09-1668

12 BIRTHPLACE (City) East Boston  
(State or country)

13 NAME OF FATHER Austin E. McCormack

14 BIRTHPLACE OF FATHER (City) P.E.I.  
(State or country)

15 MAIDEN NAME OF MOTHER Annastacia Kirby

16 BIRTHPLACE OF MOTHER (City) East Boston  
(State or country) Mass.

17 Informant Mary L. Gillis (Sister)  
(Address) 21 Pleasant Pk. Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

AUG 4 1947  
BOSTON HEALTH DEPT.  
(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 2 - 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)  
acute gastro-intestinal hemorrhage  
Probably Ruptured Esophageal  
Varices

20 Accident, suicide, or homicide (specify)  
Date of occurrence August 2, 1947  
Where did Injury occur? Esophageal Varices  
(City or town and State)

Did Injury occur in or about home, on farm, in industrial place, or in public place?  
(Specify type of place)

Manner of Injury Found collapsed & vomiting  
Nature of Injury Blood  
While at work? Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased? If so, specify  
(Signed) H. J. Beckley M.D.  
(Address) Boston Aug 2 - 1947

22 Winthrop Cemetery, Winthrop  
Place of Burial, Cremation or Removal. (City or Town)  
DATE OF BURIAL August 5, 1947

23 NAME OF FUNERAL DIRECTOR Richard C. Kirby  
ADDRESS 17 Bennington St., E. Boston

Received and filed AUG 15 1947  
(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person).....  
.....  
.....  
.....  
.....  
.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT



PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 33 Orlando Avenue



The Commonwealth of Massachusetts  
 OFFICE OF THE SECRETARY  
 DIVISION OF VITAL STATISTICS  
 STANDARD  
 CERTIFICATE OF DEATH

To be filed for burial permit  
 with Board of Health  
 or its Agent

Registered No. 155

2 FULL NAME Harry Augustus Thomas  
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 33 Orlando Avenue  
 (Usual place of abode)

St. (If death occurred in a hospital or institution,  
 give its NAME instead of street and number)

PHYSICIAN - IMPORTANT  
 (Was deceased a  
 U. S. War Veteran, No.  
 if so specify WAR)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community 3 yrs. mos. days.  
 (Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE (write the word)  
 MARRIED  
 WIDOWED or DIVORCED married

5a If married, widowed, or divorced  
 HUSBAND of Florence R. King  
 (Give maiden name of wife in full)  
 (or) WIFE of  
 (Husband's name in full)

6 Age of husband or wife if alive 53 years

7 IF STILLBORN, enter that fact here.

8 AGE 58 Years 11 Months 27 Days | If less than 1 day  
 Hours Minutes

Usual Safety  
 9 Occupation: safety engineer

Industry  
 10 or Business: Lumberman's Mutual Life Ins

11 Social Security No. 337-07-8153

12 BIRTHPLACE (City) East Boston  
 (State or country) Mass.

PARENTS

13 NAME OF  
 FATHER Frank Thomas

14 BIRTHPLACE OF  
 FATHER (City) Bangor  
 (State or country) Maine

15 MAIDEN NAME  
 OF MOTHER Elizabeth Wilson

16 BIRTHPLACE OF  
 MOTHER (City) East Boston  
 (State or country) Mass.

17 Informant Mrs. F. R. Thomas (Wife)  
 (Address) 33 Orlando Ave. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
 filed with me BEFORE the burial or transit permit was issued:

Walter E. Baker  
 (Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 2 1947  
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
 , 19 , to , 19

I last saw him alive on , 19 , death is said to  
 have occurred on the date stated above, at 6:45 P.M.

Immediate cause of death Natural causes  
 Probable coronary occlusion 1 hour

Due to

Due to

Other conditions  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations

Of autopsy Date of

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) M. D.  
 (Address) Winthrop Board of Health

21 Winthrop Cemetery, Winthrop  
 Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL August 5, 1947 19

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh  
 ADDRESS 174 Winthrop St, Winthrop

Received and filed AUG 5 - 1947 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

Service No 29438

Inlisted in the United States Navy in August 13, 1907

Honorably discharged on Sept 17, 1915

Not a veteran of World War 1 or 2



Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-303 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

COPY OF  
CERTIFICATE OF DEATH

(City or town making return)

156

Registered No. 6022

1  
PLACE OF DEATH

No. Mass General Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edward O Brown (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) no

(a) Residence, No. 59 Cottage Plc Rd St. Winthrop (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months 12 days. (Before death) (Specify whether) In this community yrs. mos. 12 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 77 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Watchman--Retired

10 Industry or Business: Boston Lockport Co

11 Social Security No. 03-65-7903

12 BIRTHPLACE (City) (State or country) Rockland Me

PARENTS

13 NAME OF FATHER Orlando Brown

14 BIRTHPLACE OF FATHER (City) (State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City) (State or country)

17 Informant daughter (Address) (Relation, if any)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED AUG 7/47 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 4/47 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 7/23/47 19 to 8/4/47 19 I last saw him alive on 8/4/47 19 death is said to have occurred on the date stated above, at 11 a.m.

Immediate cause of death Embolism pulmonary recurrent 15 mins

Due to Thrombophlebitis left leg 1 mo

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: ligation of veins femoral bilaterial Date of 7/23/47

Of autopsy

What test confirmed diagnosis? autopsy

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. Lichty M. D. (Address) Boston Date 8/4/47 19

21 PLACE OF BURIAL Winthrop Winthrop CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL 8/4/47 19

22 NAME OF FUNERAL DIRECTOR H. Reynolds ADDRESS Winthrop

Received and filed AUG 1-21-1947 19

(Registrar of City or Town where deceased resided)





## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSCOPY OF  
CERTIFICATE OF DEATH

Stoneham

(City or town making return)

Registered No.

157  
156

PLACE OF DEATH

Middlesex

(County)

Stoneham

(City or Town)

No. 12 Benton

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Lillie Eliza Everbeck nee' Manwaring

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.  
War Veteran,  
specify WAR)

(a) Residence. No. 217 Lincoln

(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In hospital or institution... rest home

(Before death)

(Specify whether)

years

months 37 days.

In this community

yrs.

moa.

days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 COLOR OR RACE

white

5 SINGLE (write the word)

MARRIED

WIDOWED widowed

or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of George A.

(Husband's name in full)

6 Age of husband or wife If alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 78 Years 11 Months 17 Days | If less than 1 day  
Hours Minutes

Usual

9 Occupation: Housewife

Industry

10 or Business: Own home

11 Social Security No. none

12 BIRTHPLACE (City) Newtown

(State or country) Long Island, New York

PARENTS

13 NAME OF  
FATHER ? Manwaring14 BIRTHPLACE OF  
FATHER (City) Unable to obtain  
(State or country)15 MAIDEN NAME  
OF MOTHER Unable to obtain16 BIRTHPLACE OF  
MOTHER (City) ? ?  
(State or country)17 Informant Geo. C. Everbeck (son, if any)  
(Address) 217, Lincoln St., Winthrop

A TRUE COPY.

ATTEST:

DATE FILED

August 11, 1947

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATH

August 7, 1947

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from  
Feb. 25, 1947, to Aug. 7, 1947

I last saw her alive on Aug. 7, 1947, death is said to

have occurred on the date stated above, at 12:05 a.m.

Duration

Immediate cause of death

Cerebro vascular accident

with left hemiplegia

5 wks.

Due to

Due to Hypertension and  
hypertensive heart dis.

? yrs.

Other conditions

(Include pregnancy within 3 months of death)

Physician

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? clinical

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Paul Weinsart

(Address) Winthrop, Mass.

Date 8/7, 1947

M.D. Everett

21 PLACE OF BURIAL, Woodlawn Crematory,  
(Cemetery) (City or Town)

DATE OF BURIAL August 9, 1947

22 NAME OF  
FUNERAL DIRECTOR

Howard Reynolds

ADDRESS

Winthrop, Mass.

Received and filed

19

AUG 13 1947

(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)





Copies of returns of deaths recorded during the previous month which occurred in your city or town in cases the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

COPY OF  
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

158

Registered No. 7066

Suffolk

(County)

BOSTON  
(City or Town)

No. Mass. Gen. Hosp

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah Charam

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) no

(a) Residence. No.

20 Lewis Ave

St. Winthrop

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution hosp  
(Before death) (Specify whether)

years months 3 days.

In this community yrs. mos. 3 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED  
WIDOWED  
or DIVORCED Widow

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Jacob Charam

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 68 Years Months Days If less than 1 day Hours Minutes

Usual

9 Occupation:

Housework

Industry

10 or Business:

at home

11 Social Security No.

none

12 BIRTHPLACE (City)  
(State or country)

Russia

13 NAME OF  
FATHER

Benjamin Shneider

14 BIRTHPLACE OF  
FATHER (City)  
(State or country)

Russia

15 MAIDEN NAME  
OF MOTHER

Martha

16 BIRTHPLACE OF  
MOTHER (City)  
(State or country)

Russia

17

Informant  
(Address)

Ida Bernhardt

Relation, if any  
(dau.)

Winthrop

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

8/13/47

MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATH

8/11/47

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

8/8/47

to 8/11/47

19

I last saw h. er alive on 8/11/47 death is said to have occurred on the date stated above, at 1 12A m.

Immediate cause of death

Infarct of myocardium

Duration

3 da

Due to Coronary sclerosis

10 yr

Due to

Other conditions diabetes mellitus  
(Include pregnancy within 3 months of death)

3 yr  
Physician

Major findings:

Of operations

none

Date of

Of autopsy

What test confirmed diagnosis? clinical

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

J. S. Lichty

M. D.

(Signed)

Mass. Gen. Hos

Date 8/11/47

21 PLACE OF BURIAL,  
CREMATION OR REMOVAL

No Russell St-Everett  
(City or Town)

DATE OF BURIAL

8/11/47

19

22 NAME OF  
FUNERAL DIRECTOR  
ADDRESS

B Birnbach  
Boston

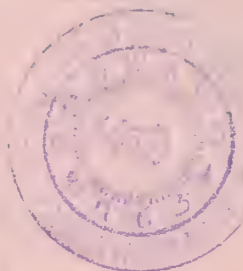
Received and filed

SEP 2 1947

19

(Registrar of City or Town where deceased resided)

RECEIVED



SEP-8 1947 AM



should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m. (g) 1-45-15510

1 PLACE OF DEATH

Suffolk  
(County)

Winthrop  
(City or Town)

No. Winthrop Community Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah Matilda (Johnston) Rendle

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 300 Pleasant St.

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution hospital  
(Before death) (Specify whether)

years months 21 days. In this community 33 yrs. mos. days.

Registered No. 159

PHYSICIAN - IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED widowed

5a If married, widowed, or divorced

Rendle

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of William Spurgeon Johnston

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 84 Years 3 Months 11 Days | If less than 1 day Hours Minutes

9 Occupation: retired

10 Industry or Business: housewife

11 Social Security No. none

12 BIRTHPLACE (City) Tyne Valley  
(State or country) Prince Edward Island

13 NAME OF FATHER William Johnston

14 BIRTHPLACE OF FATHER (City) unable to obtain  
(State or country) " " "

15 MAIDEN NAME OF MOTHER " " "

16 BIRTHPLACE OF MOTHER (City) " " "  
(State or country) " " "

17 Informant Mrs. Ruth Buck daughter  
(Address) 300 Pleasant St. Winthrop, Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH



To be filed for burial permit with Board of Health or its Agent.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 14 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 24 1947 to August 14 1947.  
I last saw her alive on August 14 1947, death is said to have occurred on the date stated above, at 4:00 P. M.

Immediate cause of death: Cerebral Embolism

Duration

IMPORTANT

Due to Atherosclerotic Heart Disease with auricular fibrillation  
Due to Generalized Atherosclerosis

3 weeks

1 year

2 years

Other conditions: None  
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings: Of operations: None

Physician

Date of: Underline the cause to which death should be charged statistically.  
Of autopsy: None

What test confirmed diagnosis? Clinical + Laboratory

20 Was disease or injury in any way related to occupation of deceased? No  
If so, specify: Maurice Traubstein  
(Signed) 562 Shirley St. Date Aug. 14 1947  
(Address) Everett, Mass.

21 Woodlawn Everett, Mass.  
Place of Burial, Cremation or Removal. (City or Town)  
DATE OF BURIAL August 16, 1947

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh  
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed AUG 23 1947

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. **160**

1 PLACE OF DEATH

*Suffolk*  
(County)  
*Winthrop*  
(City or Town)

No. *21 Satchinson*

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME

*Jacob Silverman*  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) *No*

(a) Residence, No. *21 Satchinson*  
(Usual place of abode)

St. *Winthrop*  
(If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years ..... months ..... days. In this community *38* yrs. mos. days.  
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Male* 4 COLOR OR RACE *white* 5 SINGLE (write the word)  
MARRIED WIDOWED *Widowed*  
or DIVORCED

16 DATE OF DEATH *Aug. 14 1947*  
(Month) (Day) (Year)

5a If married, widowed, or divorced  
HUSBAND of *Rebecca Jaenenbaum*  
(Give maiden name of wife in full)  
(or) WIFE of *Jaenenbaum*  
(Husband's name in full)

17 I HEREBY CERTIFY, That I attended deceased from  
*Aug. 14 1947*  
I last saw him alive on *14 Aug. 1947*, death is said to  
have occurred on the date stated above, at *5:30 P.* m.

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE *61* Years ..... Months ..... Days | If less than 1 day  
Hours ..... Minutes

9 Occupation: *Tailor*

10 Industry or Business: *Retired*

11 Social Security No. *none*

12 BIRTHPLACE (City)  
(State or country) *Austria*

Immediate cause of death

*Cerebral hemorrhage  
general carcinomatous  
Due to Carcinoma of prostate*

Due to

Other conditions *none*  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations *none*

Date of

Of autopsy

What test confirmed diagnosis?

Duration

IMPORTANT

IMPORTANT

Physician

Underline  
the cause to  
which death  
should be  
charged statistically.

PARENTS

13 NAME OF FATHER *Joseph Silverman*

14 BIRTHPLACE OF FATHER (City)  
(State or country) *Austria*

15 MAIDEN NAME OF MOTHER *cannot be learned*

16 BIRTHPLACE OF MOTHER (City)  
(State or country) *Austria*

17 Informant *Meyer Ganner* Relation, if known  
(Address) *207 Grovers Lane Winthrop*

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

*Walter Baker*  
(Signature of Agent or Board of Health or other)

*HO* at *Aug. 14 1947*  
(Official Designation) (Date of Issue of Permit)

20 Was disease or injury in any way related to occupation of deceased? *no*  
If so, specify

(Signed) *Samuel N. King* M. D.  
(Address) *462 Dudley St.* Date *8/14 1947*

21 *Winthrop Cem. - Everett*  
Place of Burial, Cremation or Removal. (City or Town)

OATE OF BURIAL *Aug. 14 1947*

22 NAME OF FUNERAL DIRECTOR *Benjamin Birnbaum*  
ADDRESS *10 Washington St. Dor.*

Received and filed *AUG 15 1947* 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

PLACE OF DEATH

Suffolk  
(County)  
Winthrop  
(City or Town)

No. Winthrop Community Hosp.

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 161

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Lydia E (Hilchey) Myers

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 265 Pleasant Street  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or Institution Hosp years months 4 days. In this community 6 yrs. mos. days.  
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widow

5a If married, widowed, or divorced HUSBAND of

(or) WIFE of William A Myers  
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 77 Years 5 Months 15 Days If less than 1 day Hours Minutes

9 Usual Occupation: At Home

10 Industry or Business:

11 Social Security No. None  
12 BIRTHPLACE (City) Halifax  
(State or country) Nova Scotia

13 NAME OF FATHER Stephen Hilchey

14 BIRTHPLACE OF FATHER (City) Nova Scotia  
(State or country)

15 MAIDEN NAME OF MOTHER Annie Harris

16 BIRTHPLACE OF MOTHER (City) Cape Britton  
(State or country)

17 Informant Lila Baker Daughter Relation, if any  
(Address) 265 Pleasant St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or inhumation permit was issued:

Walter A. Baker Jr.  
(Signature of Agent of Board of Health or other)

Health Officer 8/18/47  
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 15, 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from August 12, 1947, to August 15, 1947.  
I last saw her alive on August 15, 1947, death is said to have occurred on the date stated above, at 2:30 P.m.

Immediate cause of death: Coronary Thrombosis Duration 5 days. IMPORTANT

Due to Anterior chest Heart Disease 2 years

Other conditions: None (Include pregnancy within 3 months of death) IMPORTANT

Major findings: Of operations: None Date of: Underline the cause to which death should be charged statistically  
Of autopsy: None Physician  
What test confirmed diagnosis? Clinical + Laboratory

20 Was disease or injury in any way related to occupation of deceased? No  
If so, specify: Myocardial infarction M. D.  
(Signed) 562 Aubrey St. Winthrop Date August 15 1947  
(Address) Winthrop Winthrop

21 Place of Burial, Cremation or Removal Winthrop (City or Town)  
DATE OF BURIAL August 18 1947

22 NAME OF FUNERAL DIRECTOR: Edward S. Reynolds  
ADDRESS: Winthrop Mass.

Received and filed AUG 20 1947 19  
(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



If deceased was a U. S. War Veteran, G. L. Chap. 48, Sec. 10, requires physicians to insert a recital to that effect.

PLACE OF DEATH

Suffolk  
(County)

Winthrop  
(City or Town)

No. 40 Chester Ave.



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

(City or town making return)

Registrar's No. 162

1 FULL NAME Georgie A (Douglas) Buck  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 40 Chester  
(Usual place of abode)

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

{ PHYSICIAN-IMPORTANT  
(Was deceased a U. S. War Veteran, if so specify WAR)

Length of stay: In hospital or Institution (Before death) years months days. In this community 52 yrs. 6 mos. 10 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED Married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Grover C Buck (Husband's name in full)

6 Age of husband or wife if alive 56 years

7 IF STILLBORN, enter that fact here.

8 AGE 52 Years 6 Months 10 Days If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No. None

12 BIRTHPLACE (City) Winthrop (State or country) Mass

13 NAME OF FATHER George Douglas

14 BIRTHPLACE OF FATHER (City) Prince Edward Island (State or country)

15 MAIDEN NAME OF MOTHER Margaret Robinson

16 BIRTHPLACE OF MOTHER (City) Nova Scotia (State or country)

17 Informant (Address) Grover C Buck Husband 40 Chester Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 8/19/47

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 16 1947 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 7/30, 1946, to 8/16, 1947

I last saw her alive on 8/16, 1947, death is said to have occurred on the date stated above, at 1 P. M.

Immediate cause of death

Bronchopneumonia

Duration IMPORTANT 1 day

Due to Cancer of stomach with metastases

1 yr.

Due to None Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations Cancer of stomach Date of 7/30/46

Of autopsy None What test confirmed diagnosis? Clinical & path

IMPORTANT Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Myron H. King M. D. (Address) 562 Stanley St. Date 8/16 1947

21 Winthrop Winthrop Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL August 19 1947

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds ADDRESS Winthrop Mass

Received and filed AUG 20 1947 19

A TRUE COPY ATTEST:

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE \_\_\_\_\_

DATE OF DISCHARGE \_\_\_\_\_

RANK, RATING \_\_\_\_\_

ORGANIZATION AND OUTFIT \_\_\_\_\_

SERVICE NUMBER \_\_\_\_\_



per the conversation with undertaker  
8/22/47

PLACE OF DEATH 1 <b>Suffolk</b> (County) <b>Winthrop</b> (City or Town) No. <b>378</b> <b>Revere</b>		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		To be filed for burial permit with Board of Health or its Agent.	
Registered No. <b>163</b>		St. { (If death occurred in a hospital or institution, give its NAME instead of street and number) }		{ <b>PHYSICIAN - IMPORTANT</b> (Was deceased a U. S. War Veteran, if so specify WAR) }	
2 FULL NAME <b>Margaret <sup>(Ryan)</sup> Murphy</b> (If deceased is a married, widowed or divorced woman, give also maiden name)		(a) Residence. No. <b>679 Broadway</b> St. <b>Everett</b> (Usual place of abode) (If nonresident, give city or town and State)		Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community yrs. mos. <b>4</b> days.	
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX <b>Female</b>	4 COLOR OR RACE <b>White</b>	5 SINGLE (write the word) <b>MARRIED</b> WIDOWED or DIVORCED <b>Widowed</b>	18 DATE OF DEATH <b>20 August 1947</b> (Month) (Day) (Year)		
5a If married, widowed or divorced HUSBAND of: (Give maiden name of wife in full) (or) WIFE of: <b>Edward J. Murphy</b> (Husband's name in full)			19 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him alive on _____, 19____, death is said to have occurred on the date stated above, at <b>9:15 P. m.</b> Immediate cause of death <b>Natural causes</b>		
6 Age of husband or wife if alive _____ years 7 IF STILLBORN, enter that fact here.			Duration <b>IMPORTANT</b>		
8 AGE <b>70</b> Years - Months - Days If less than 1 day Hours Minutes 9 Usual Occupation: <b>House wife</b> 10 Industry or Business: <b>At Home</b> 11 Social Security No.			Due to <b>Coronary Occlusion</b> hours Due to <b>Arteriosclerotic heart disease</b> years Other conditions (Include pregnancy within 3 months of death) <b>Hypertension</b> <b>IMPORTANT</b> Major findings: Of operations <b>none</b> Date of <b>none</b> Of autopsy <b>none</b> What test confirmed diagnosis? <b>clinical</b>		
12 BIRTHPLACE (City) <b>Boston</b> (State or Country) <b>Massachusetts</b>			Physician <b>IMPORTANT</b> Underline the cause to which death should be charged statistically.		
13 NAME OF FATHER <b>Jeremiah <sup>Ryan</sup> Murphy</b>			20 Was disease or injury in any way related to occupation of deceased? <b>no</b>		
14 BIRTHPLACE OF FATHER (City) <b>England</b> (State or Country)			(Signed) <b>M. Murphy</b> M. D. (Address) <b>Winthrop Board of Health</b> Date <b>22 Aug 1947</b>		
15 MAIDEN NAME OF MOTHER <b>Margaret Kiley</b>			21 Place of Burial, Cremation or Removal <b>Holy Cross</b> <b>maiden</b> (City or Town)		
16 BIRTHPLACE OF MOTHER (City) <b>England</b> (State or Country)			DATE OF BURIAL <b>August 20</b> 1947		
17 Informant (Address) <b>Mrs Edna Letter (Daughter)</b> <b>387 Revere Street - Winthrop</b>			22 NAME OF FUNERAL DIRECTOR <b>Charles J. Murphy</b> <b>519 Broadway - Everett</b> ADDRESS		
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. <b>Walter E. Parker</b> (Signature of Agent or Board of Health or other) <b>Health Officer</b> (Official Designation) <b>8/22/47</b> (Date of Issue of Permit)			Received and Filed <b>AUG 25 1947</b> 19 (Registrar)		

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

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See instructions on back of certificate. If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
**STANDARD  
CERTIFICATE OF DEATH**

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. **164**

1 PLACE OF DEATH  
**Suffolk**  
(County)  
**Winthrop**  
(City or Town)  
No. **Winthrop Community Hospital**

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME **Male McGeney**  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. **483 Shirley St., Apt. 8.** St. \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution **Hosp.** years months **0** days. In this community yrs. mos. **0** days.  
(Before death) (Specify whether)

**PHYSICIAN - IMPORTANT**  
(Was deceased a  
U. S. War Veteran,  
if so specify WAR) **No**

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **male** 4 COLOR OR RACE **white** 5 SINGLE (write the word)  
**MARRIED**  
**WIDOWED** **Single**  
or DIVORCED

5a If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(Give maiden name of wife in full)  
(or) WIFE of \_\_\_\_\_  
(Husband's name in full)

6 Age of husband or wife if alive \_\_\_\_\_ years

7 IF STILLBORN, enter that fact here. **Stillborn** ✓

8 AGE — Years — Months — Days | If less than 1 day  
Hours Minutes

9 Usual Occupation: **None**

10 Industry or Business: **None**

11 Social Security No. **None**

12 BIRTHPLACE (City) **Winthrop, Mass.**  
(State or country)

13 NAME OF FATHER **Edward McGeney**

14 BIRTHPLACE OF FATHER (City) **East Boston, Mass.**  
(State or country)

15 MAIDEN NAME OF MOTHER **Mary F. Nixon**

16 BIRTHPLACE OF MOTHER (City) **Oswego, Oregon**  
(State or country)

17 Informant **Edward T. McGeney (Father)** Relation, if any  
(Address) **483 Shirley St., Winthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued.

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) **8/22/47**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **August 21, 1947**  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
**8/21**, 19**47**, to \_\_\_\_\_, 19\_\_\_\_

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, death is said to  
have occurred on the date stated above, at \_\_\_\_\_ m.

Immediate cause of death \_\_\_\_\_ Duration

**Stillborn** **IMPORTANT**

Due to \_\_\_\_\_

Due to **Heart failure**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **As** Physician

Of operations \_\_\_\_\_ Underline the cause to which death should be charged statistically.

Of autopsy \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

20 Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) **Dr. J. E. Gately** M. D.

(Address) **222 Broadway** Date **8-21-47**

21 **Winthrop cemetery, Winthrop**  
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL **August 25** 19**47**

22 NAME OF FUNERAL DIRECTOR **Richard C. Kirby**  
ADDRESS **Boston, Massachusetts**

Received and filed **AUG 25 1947** 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



Be carefully supplied. AOS should be stated EXACTLY: PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m.(g)-1-45-15510



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
**STANDARD  
CERTIFICATE OF DEATH**

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. **165**

1 PLACE OF DEATH  
Suffolk  
(County)  
Winthrop  
(City or Town)  
No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Mary F. McGeney (Nixon)  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

**PHYSICIAN - IMPORTANT**  
(Was deceased a  
U. S. War Veteran,  
if so specify WAR) **W.W.2**

(a) Residence, No. 183 Shirley St., Apt. 8  
(Usual place of abode)

Sl. (If nonresident, give city or town and State)

Length of stay: in hospital or institution 14 hrs. 20 mins. months days. In this community 1 yrs. mos. days.  
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE (write the word)  
MARRIED Married  
WIDOWED or DIVORCED

5a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of Edward McGeney  
(Husband's name in full)

6 Age of husband or wife if alive 36 years

7 IF STILLBORN, enter that fact here.

8 AGE 31 Years 1 Months 21 Days | If less than 1 day  
Hours Minutes

9 Occupation: Usual Housewife

10 Industry or Business: At home

11 Social Security No. Unknown

12 BIRTHPLACE (City) Oswego Oregon  
(State or country)

PARENTS

13 NAME OF FATHER Francis Herbert Nixon

14 BIRTHPLACE OF FATHER (City) Grenell Iowa  
(State or country)

15 MAIDEN NAME OF MOTHER Della Harbin

16 BIRTHPLACE OF MOTHER (City) Dallas Oregon  
(State or country)

17 Informant Edward T. McGeney (Husband)  
(Address) 183 Shirley St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 21, 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
19 to 8-21, 1947.  
I last saw him alive on Aug 22, 1947 death is said to  
have occurred on the date stated above, at 4:30 P.M.

Immediate cause of death. Duration

Due to Important 1947

Due to

Other conditions. Include pregnancy within 3 months of death. Important

Major findings: Of operations. Date of. Physician

Of autopsy. Underline the cause to which death should be charged statistically.

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? If so, specify. (Signed) M. D.

(Address) Date 8-21 1947

21 Winthrop Cemetery, Winthrop  
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL August 25 1947

22 NAME OF FUNERAL DIRECTOR Richard C. Kirby  
ADDRESS Boston, Massachusetts

Received and filed AUG 25 1947 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
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GOVERNING THE

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

Dec. 31, 1942

DATE OF DISCHARGE

Aug. 28, 1945

RANK, RATING

PFC.

ORGANIZATION AND OUTFIT

WAC Detachment 1106 th Service Com. Unit

SERVICE NUMBER

A-906275



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. **166**

PLACE OF DEATH

*Suffolk*  
(County)  
*Wintthrop*  
(City or Town)

No. *Wintthrop Community Hospital*

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) *Yes I*

2 FULL NAME *Dr. Bartholomew Halley*  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *36 Morrison Avenue* St. *Somerville*  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: in hospital or institution *Yes* years months *21* days. In this community yrs. mos. days.  
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE (write the word)  
MARRIED *Widowed*  
WIDOWED  
OR DIVORCED

5a If married, widowed or divorced  
HUSBAND of *Agnes S. Hovan*  
(Give maiden name of wife in full)  
(or) WIFE of *Bartholomew Halley*  
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE *69* Years Months Days If less than 1 day  
Hours Minutes

9 Occupation: *Retired*

Industry *Composer*

10 or Business: *10-03-7243*

11 Social Security No. *10-03-7243*

12 BIRTHPLACE (City) *Boston*  
(State or country) *Mass.*

13 NAME OF FATHER *Bartholomew Halley*

14 BIRTHPLACE OF FATHER (City) *Ireland*  
(State or country)

15 MAIDEN NAME OF MOTHER *Catherine Morris*

16 BIRTHPLACE OF MOTHER (City) *Ireland*  
(State or country)

17 Informant *Mrs. Alice Smith* (Address) *36 Morrison Ave. Somerville*

Relationship (Address) *(Sister)*

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transfer permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) *Health Officer* (Date of Issue of Permit) *8/23/47*

18 DATE OF DEATH *August 23, 1947*  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
*Aug 1, 1947* to *August 23, 1947*  
I last saw him alive on *Aug 23, 1947* death is said to  
have occurred on the date stated above, at *4:10 p.m.*

Immediate cause of death *Acute Pulmonary edema* Duration *1 day*

Due to *Cancer of Stomach* 6 weeks

Due to *Intestinal obstruction* 2 days

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? *No*

If so, specify *Signs of H. Schwartz*

(Signed) *Dr. H. Schwartz* M. D.

(Address) *19 Princeton St. Cambridge* Date *8/23 1947*

21 Place of Burial, Cremation or Removal. (City or town and State) *Mass.*

DATE OF BURIAL *Aug 27, 1947*

NAME OF FUNERAL DIRECTOR *John W. Lane Jr.*

ADDRESS *260 Main St. Winchester*

Received and filed *AUG 25 1947* (Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

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(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT


SERVICE NUMBER



should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

50m (f) 6-43-12056

PLACE OF DEATH		The Commonwealth of Massachusetts		To be filed for burial permit with Board of Health or its Agent.	
1	Suffolk (County) Winthrop (City or Town) No. 254 Main St			OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
				Registered No. 167	
2 FULL NAME Cynthia Barger (If deceased is a married, widowed or divorced woman, give also maiden name.)		St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)		{ PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)	
(a) Residence, No. 254 Main St. Winthrop (Usual place of abode)		St.		(If nonresident, give city or town and State)	
Length of stay: In hospital or institution (Before death)		years	months	days	In this community yrs. mos. days.
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX female	4 COLOR OR RACE white	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED single			
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)					
6 Age of husband or wife if alive years					
7 IF STILLBORN, enter that fact here.					
8 AGE 18 Years 4 Months 8 Days   If less than 1 day Hours Minutes					
9 Occupation: Usual Student					
10 Industry or Business: B.U.					
11 Social Security No.					
12 BIRTHPLACE (City) Boston, Mass. (State or country)					
13 NAME OF FATHER Hyman Barger					
14 BIRTHPLACE OF FATHER (City) Chelsea, Mass. (State or country)					
15 MAIDEN NAME OF MOTHER Dorothy Weinstein					
16 BIRTHPLACE OF MOTHER (City) Russia (State or country)					
17 Informant: Hyman Barger (Father of any child of deceased) (Address) 254 Main St. Winthrop, Mass.					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Walter L. Baker (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 8/25/47 (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH August 24-1947 (Month) (Day) (Year)					
19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) gas poisoning Presumably Suicidal					
20 Accident, suicide, or homicide (specify) Suicidal Date of occurrence Aug 24 1947 Where did injury occur? Winthrop (City or town and State) Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place) Manner of Injury Found dead in a gas filled room at her home Nature of Injury While at work? Was there an autopsy? no					
21 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. J. Brickley M. D. (Address) Boston Aug 25 1947					
22 Ahavas Achim Anshe Sfaard, Lynn. Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL August 26, 1947					
23 NAME OF FUNERAL DIRECTOR Benj. F. Solomon. ADDRESS 420 Harvard St. Brookline.					
Received and filed AUG 26 1947 19 (Registrar)					





The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
COPY OF  
CERTIFICATE OF DEATH

Cambridge  
(City or town making return)

168

Registered No. 1258

1 PLACE OF DEATH  
Middlesex  
(County)  
Cambridge  
(City or Town)  
No. Holy Ghost Hospital

SL (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Augustus D. Arnaud  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.  
War Veteran,  
specify WAR) NO

(a) Residence, No. 52 Brookfield Rd., Winthrop St.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution Hospital years 3 months 19 days. In this community 40 yrs. mos. days.  
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word)  
MARRIED WIDOWED Wid.  
or DIVORCED

18 DATE OF DEATH August 27, 1947  
(Month) (Day) (Year)

5a If married, widowed, or divorced  
HUSBAND of Mary E. LeBlanc  
(Give maiden name of wife in full)  
(or) WIFE of  
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from  
May 8, 1947, to Aug. 27, 1947.  
I last saw him alive on Aug. 27, 1947, death is said to  
have occurred on the date stated above, at 1:30 P. m.

6 Age of husband or wife if alive years

Immediate cause of death Broncho Pneumonia 2 days

7 IF STILLBORN, enter that fact here.

8 AGE 84 Years Months Days If less than 1 day  
Hours Minutes

Due to Portal Cirrhosis of Liver 8 yrs

9 Occupation: Paper Hanger

Due to

10 Industry or Business: Paper

11 Social Security No.

12 BIRTHPLACE (City) Bordeaux, France  
(State or country)

Other conditions Carcinoma of Prostate 2 yrs  
(Include pregnancy within 3 months of death)  
Generalized Arterio Sclerosis

Major findings:  
Of operations

Date of  
Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

Of autopsy Above

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? NO

If so, specify F. L. Landrigan  
(Signed) Holy Ghost Hosp. Date 8/27/1947  
(Address) M. D.

21 PLACE OF BURIAL, Winthrop Winthrop  
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL August 30, 1947

22 NAME OF FUNERAL DIRECTOR John F. O'Maley  
ADDRESS Winthrop

Received and filed SEP 2 1947 19

(Registrar of City or Town where deceased resided)

PARENTS  
13 NAME OF FATHER Cannot be learned  
14 BIRTHPLACE OF FATHER (City) France  
(State or country)  
15 MAIDEN NAME OF MOTHER Cannot be learned  
16 BIRTHPLACE OF MOTHER (City) France  
(State or country)

17 Informant Mary E. Shaw (Daughter)  
(Address) 52 Brookfield Rd., Winthrop

A TRUE COPY. Frederick H. Burke

ATTEST: (Registrar of city or town where death occurred)  
Aug 29, 1947

DATE FILED 19

RECEIVED



SEP 2 10 47 AM



THIS IS A PERMANENT RECORD  
Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-303 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

30m. (b) 6-44-14607

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

COPY OF  
CERTIFICATE OF DEATH

Danvers  
(City or town making return)

Registered No. 169

Essex  
(County)  
Danvers  
(City or Town)

No. Danvers State Hospital, Hathorne, Mass. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Samuel Levy

2 FULL NAME (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 53 Trident Ave., Winthrop, Mass.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution. years 8 months 24 days. In this community yrs. mos. days.  
(Before death) (Specify whether)

(If U. S.  
War Veteran,  
specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED Married  
WIDOWED  
OR DIVORCED

5a If married, widowed, or divorced Freda Scwam  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 63 years

7 IF STILLBORN, enter that fact here.

8 AGE 66 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Tailor (Retired)

10 Industry or Business:

11 Social Security No. Cannot be learned

12 BIRTHPLACE (City) Poland  
(State or country)

13 NAME OF FATHER Samuel Levy

14 BIRTHPLACE OF FATHER (City) Poland  
(State or country)

15 MAIDEN NAME OF MOTHER Bertha (Cannot be learned)

16 BIRTHPLACE OF MOTHER (City) Poland  
(State or country)

17 Informant Mary K. McPhillips (Relation, if any)  
(Address) Hathorne, Mass.

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED September 16 19 47

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 23 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 30 1946, to Aug. 23 19 47  
I last saw him alive on Aug. 23 19 47 death is said to have occurred on the date stated above, at 10:05 a.m.

Immediate cause of death Bronchopneumonia Duration 2 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of Of autopsy Clinical Underline the cause to which death should be charged statistically.

What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify Francis X. Sullivan M. D.  
(Signed) Hathorne, Mass. Date 9/12 1947  
(Address)

21 PLACE OF BURIAL Abiamson Cem. W. Roxbury  
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL August 24 19 47

22 NAME OF FUNERAL DIRECTOR Solomon Funeral Service  
ADDRESS Brookline, Mass.

Received and filed OCT 9 1947 19

(Registrar of City or Town where deceased resided)

188

The first part of the paper is devoted to a general discussion of the problem of the origin of life. It is shown that the problem is one of the most important and interesting in the history of science. The author then proceeds to a detailed examination of the various theories which have been proposed to explain the origin of life. He discusses the theory of spontaneous generation, the theory of biogenesis, and the theory of abiogenesis. He also considers the possibility of life existing on other planets. The paper concludes with a summary of the author's views on the origin of life.



The Commonwealth of Massachusetts

Boston

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF  
CERTIFICATE OF DEATH

Registered No. 76750

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Mass. General Hospt

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Morris Goldman

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence, No. 85 Shore Drive

(Usual place of abode)

St. Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution. years months 2 days. In this community yrs. mos. 2 days.  
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word) MARRIED WIDOWED OR DIVORCED Married

5a If married, widowed, or divorced Lillian Wool  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 46 years

7 IF STILLBORN, enter that fact here.

8 AGE 49 Years Months Days If less than 1 day Hours Minutes

Usual Occupation: Manufacturer

Industry or Business: Garment Mfr.

11 Social Security No. 011-10-6366

12 BIRTHPLACE (City) Russia  
(State or country)

13 NAME OF FATHER Eli Goldman

14 BIRTHPLACE OF FATHER (City) Russia  
(State or country)

15 MAIDEN NAME OF MOTHER Anna Tobe Koor

16 BIRTHPLACE OF MOTHER (City) Russia  
(State or country)

17 Informant Wife (Relation, if any)  
(Address)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Sept. 4/47 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug. 31/47  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Aug. 30, 1947 to Aug. 31, 1947  
I last saw h. in alive on Aug. 31, 1947, death is said to have occurred on the date stated above, at 8:30P M.

Immediate cause of death: Coronary Thrombosis 2 Days

Due to

Due to

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: None

Date of

Of autopsy As above autopsy

What test confirmed diagnosis? autopsy

20 Was disease or injury in any way related to occupation of deceased?

If so, specify C L Clay

(Signed) M. D.

(Address) Mass. General Hospt Date 9-1-1947

21 PLACE OF BURIAL, CREMATION OR REMOVAL Cong. Beth Israel Cem. West Rox.  
(Cemetery) (City or Town)

DATE OF BURIAL Sept. 2/47 19

22 NAME OF FUNERAL DIRECTOR H J Torf  
ADDRESS Brookline Mass.

Received and filed SEP 22 1947 19

(Registrar of City or Town where deceased resided)





should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

PLACE OF DEATH

1

No.

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months 11 days

In this community 48 yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)  
MARRIED  
WIDOWED  
OR DIVORCED

5a If married, widowed or divorced  
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive 70 years

7 IF STILLBORN, enter that fact here.

8 AGE 75 Years 4 Months 8 Days | If less than 1 day  
Hours Minutes

Usual Occupation: Bridge Tender - (Retired)

Industry or Business: Mkt. District Comm.

11 Social Security No. 010-20-2075

12 BIRTHPLACE (City) Kingston  
(State or country) N. Brunswick - Canada

13 NAME OF FATHER Samuel Murray

14 BIRTHPLACE OF FATHER (City) Kingston  
(State or country) N. Brunswick - Canada

15 MAIDEN NAME OF MOTHER Agnes Robertson

16 BIRTHPLACE OF MOTHER (City) Kingston  
(State or country) N. Brunswick - Canada

17 Mr. William Murray Relation, if any  
Informant (Address) 179 Hitchborn St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter H. Baker

(Signature of Agent of Board of Health or other)

Health Officer 9/5/47

(Official Designation) (Date of Issue of Permit)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 171

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran  
if so specify WARY)

St. Revere (If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 3 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
Aug 15, 1947, to Sept 3, 1947

I last saw him alive on Sept 3, 1947 death is said to  
have occurred on the date stated above, at 6.50 P.M.

Immediate cause of death

Myocardial

Due to

Due to

Other conditions: Prostatic Pneumonia  
(Include pregnancy within 3 months of death)

Major findings: none

Of operations

Of autopsy: none

What test confirmed diagnosis? Chlamydia

20 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) Daniel R. O'Brien M. D.  
(Address) Winthrop Mass Date Sept 4 1947

21 Place of Burial, Cremation or Removal Woodlawn Cemetery  
(City or Town)

DATE OF BURIAL Sept 6 1947

22 NAME OF FUNERAL DIRECTOR Edith Merwin  
ADDRESS 305 Beach St. Revere

Received and filed SE 5 1947 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

<p>1 PLACE OF DEATH</p> <p>Suffolk (County)</p> <p>Winthrop (City or Town)</p> <p>No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)</p>		<p>The Commonwealth of Massachusetts</p> <p>OFFICE OF THE SECRETARY</p> <p>DIVISION OF VITAL STATISTICS</p> <p>MEDICAL EXAMINER'S</p> <p>CERTIFICATE OF DEATH</p> <p>Registered No. 172</p>	
<p>2 FULL NAME Genevieve Yudow (Trefrey)</p> <p>(If deceased is a married, widowed or divorced woman, give also maiden name.)</p> <p>(a) Residence No. 90 Shore Drive Winthrop St.</p> <p>(Usual place of abode)</p> <p>Length of stay: In hospital or institution 10 mins years months days. In this community yrs. mos. days.</p> <p>(Before death) (Specify whether)</p>		<p>PHYSICIAN-IMPORTANT</p> <p>(Was deceased a U. S. War Veteran, If so specify WAR)</p>	
<p>PERSONAL AND STATISTICAL PARTICULARS</p>			
3 SEX F	4 COLOR OR RACE W	5 SINGLE (write the word) MARRIED WIDOWED Married or DIVORCED	
<p>5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Joseph Yudow (Husband's name in full)</p>			
6 Age of husband or wife if alive 44 years			
7 IF STILLBORN, enter that fact here.			
8 AGE 39 Years 1 Months 29 Days   If less than 1 day Hours Minutes			
9 Occupation: None			
10 Industry or Business: None			
11 Social Security No.			
12 BIRTHPLACE (City) Reno (State or country) Nevada			
<p>13 NAME OF FATHER James A. Trefrey</p> <p>14 BIRTHPLACE OF FATHER (City) Yarmouth (State or country) Nova Scotia</p> <p>15 MAIDEN NAME OF MOTHER Sarah E. Curtis</p> <p>16 BIRTHPLACE OF MOTHER (City) Reno (State or country) Nevada</p>			
<p>17 Informant Joseph Yudow (Address) 90 Shore Drive, Winthrop (Relation, if any) (Husband)</p>			
<p>I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:</p> <p>Walter H. Barker (Signature of Agent of Board of Health or other)</p> <p>Health Officer (Official Designation) 9/5/47 (Date of Issue of Permit)</p>			
<p>18 DATE OF DEATH Sept - 3 - 1947</p> <p>(Month) (Day) (Year)</p>		<p>19 I HEREBY CERTIFY that I have Investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) Multiple Injuries including Fractured Skull &amp; Fractured Ribs</p>	
<p>20 Accident, suicide, or homicide (specify) Suicidal</p> <p>Date of occurrence Sept 3 1947</p> <p>Where did Injury occur? Winthrop</p> <p>(City or town and State)</p>		<p>Did Injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place)</p> <p>Manner of Injury Seen to jump from a porch</p> <p>Nature of Injury other home</p> <p>While at work? Was there an autopsy? no</p>	
<p>21 Was disease or injury in any way related to occupation of deceased? If so, specify</p> <p>(Signed) H. J. Bricker M. D.</p> <p>(Address) Boston Sept 4 - 1947</p>		<p>22 No Beverly Beverly</p> <p>Place of Burial, Cremation or Removal (City or Town)</p> <p>DATE OF BURIAL September 6 1947</p>	
<p>23 NAME OF FUNERAL DIRECTOR Harold St. Lee</p> <p>ADDRESS 9 Dane St. Beverly, Mass</p>		<p>Received and filed SEP 5 1947</p> <p>(Registrar)</p>	

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sectiona forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persona to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT



COPIES OF RETURNS OF DEATHS RECORDED DURING THE PREVIOUS MONTH IN WHICH THIS IS A PERMANENT RECORD  
 resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk  
 of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

30m-(b)-6-44-14607

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

Boston

(City or town making return)

COPY OF  
CERTIFICATE OF DEATH

Registered No. 776173

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. 74 Corey Road

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Samuel Goloboy  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 36 Hawthorne Ave  
(Usual place of abode)

St. Winthrop Mass.  
(If nonresident, give city or town and State)

Length of stay: In hospital or institution..... years 10 months days. In this community yrs 10 mos. days.  
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word)  
MARRIED Widowed  
WIDOWED  
or DIVORCED

5a If married, widowed, or divorced May Messinger  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 69 Years Months Days If less than 1 day  
Hours Minutes

Usual Occupation: Fish Market

Industry or Business: Prop.

11 Social Security No. None

12 BIRTHPLACE (City) Russia  
(State or country)

13 NAME OF FATHER Abraham Goloboy

14 BIRTHPLACE OF FATHER (City) Russia  
(State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City) Russia  
(State or country)

17 Informant C Goloboy (Relation, if any Son)  
(Address)

A TRUE COPY Michael J. Manning  
ATTEST: (Registrar of city or town where death occurred)  
DATE FILED Sept. 8/47 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept. 5/47  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec. 24 1946 to Sept. 5, 1947  
I last saw him alive on Sept. 4, 1947 death is said to have occurred on the date stated above, at 1:20AM M.

Immediate cause of death Broncho Pneumonia 2 Days

Due to Cerebral Thrombosis 1 Day

Due to Generalized Arterio Sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of Of autopsy Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify I H Park  
(Signed) Brookline Mass M. D.  
(Address) Date 9-5-1947

21 PLACE OF BURIAL, CREMATION OR REMOVAL Crawford St West Roxbury  
(Cemetery) (City or Town)

DATE OF BURIAL Sept. 5/47 19

22 NAME OF FUNERAL DIRECTOR B Birnbach  
ADDRESS Dorchester Mass.

Received and filed SEP 22 1947 19  
(Registrar of City or Town where deceased resided)





Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

Boston

(City or town making return)

COPY OF  
CERTIFICATE OF DEATH

Registered No. 780874

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Mass. General Hospt

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles F McGinn  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 37 Cliff Ave  
(Usual place of abode)

St. Winthrop Mass.  
(If nonresident, give city or town and State)

Length of stay: In hospital or institution years months 7 days In this community 25 yrs. mos. days.  
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word) MARRIED Married WIDOWED or DIVORCED

5a If married, widowed, or divorced Evelyn L Bigelow  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 54 years

7 IF STILLBORN, enter that fact here.

8 AGE 71 Years Months Days If less than 1 day Hours Minutes

Usual Occupation: Sales Manager

Industry or Business: Hosiery

11 Social Security No. Cannot be learned

12 BIRTHPLACE (City) East Boston Mass.  
(State or country)

PARENTS

13 NAME OF FATHER James F McGinn

14 BIRTHPLACE OF FATHER (City) Olneyville R.I.  
(State or country)

15 MAIDEN NAME OF MOTHER Racheal Ellsworth

16 BIRTHPLACE OF MOTHER (City) Haverhill Mass  
(State or country)

17 Informant C McGinn (Relation, if any) Son  
(Address)

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept. 5/47  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept. 5/47, 19 to Sept. 5, 1947

I last saw him alive on Sept. 5, 1947 death is said to have occurred on the date stated above, at 5:15 PM m.

Immediate cause of death Coronary thrombosis 12 Hrs

Due to Hypertensive and arterio sclerotic heart disease 9 Yrs

Due to

Other conditions (Include pregnancy within 3 months of death) Physician

Major findings: Of operations None

Date of

Of autopsy None

What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased?

If so, specify C L Clay M. D.

(Signed) Mass. General Hospt Date 9-6 19 47  
(Address)

21 PLACE OF BURIAL, Winthrop Cem-Winthrop Mass.  
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL Sept. 9/47 19

22 NAME OF FUNERAL DIRECTOR J F O'Maley  
ADDRESS Winthrop Mass.

Received and filed SEP 29 1947 19

(Registrar of City or Town where deceased resided)





should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

50ms. (1)-6-43-12056

PLACE OF DEATH

1

Suffolk  
(County)  
Winthrop  
(City or Town)

No. Winthrop yacht club

2

FULL NAME Frances Frank X. Recomenides  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 77 Terrace Ave Winthrop St.  
(Usual place of abode)

Length of stay: In hospital or institution. — years months days. In this community 5 yrs. mos. days.  
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

5a If married, widowed, or divorced HUSBAND of Lucille Lally  
(Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 48 years

7 IF STILLBORN, enter that fact here.

8 AGE 50 Years Months Days | If less than 1 day Hours Minutes

9 Occupation: Usual Restaurant Owner

10 Industry or Business: Restaurant

11 Social Security No.

12 BIRTHPLACE (City) East Boston  
(State or country) Massachusetts

13 NAME OF FATHER Joseph Recomenides

14 BIRTHPLACE OF FATHER (City) East Boston  
(State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Anna Connelly

16 BIRTHPLACE OF MOTHER (City) Boston  
(State or country) Massachusetts

17 Informant Anna L. Recomenides (Relation if any) (Address) 77 A Terrace Avenue Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter H. B. B. (Signature of Agent of Board of Health or other)

Heather Price (Official Designation) 9/6/47 (Date of Issue of Permit)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 175

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN-IMPORTANT

(Was deceased a U. S. War Veteran, If so specify WAR) World I

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September - 5 - 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully): acute Cardiac Dilatation! chronic myocarditis Recent Pneumonia -

20 Accident, suicide, or homicide (specify) Date of occurrence 19 Where did Injury occur? (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place) Manner of Injury Collapsed while seated with friends & died quickly Nature of Injury While at work? Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased? If so, specify M. D. (Signed) M. D. (Address) Boston Sept 5 1947

22 Calvary Waltham Mass Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL September 8 1947

23 NAME OF FUNERAL DIRECTOR John F. Phuley ADDRESS Winthrop Mass

Received and filed SEP 8 1947 19 (Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE  
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the "China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

#### STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Fistul shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstance leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person) .....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT



Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-803 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS



Danvers

(City or town making return)

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)

No. Danvers State Hospital, Hathorne, Mass.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

COPY OF  
CERTIFICATE OF DEATH

Registered No.

176

2 FULL NAME George E. Brown

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 262 Winthrop St., Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution.

(Before death)

(Specify whether)

years 1 months 29 days

In this community

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED  
WIDOWED  
or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of

Katherine M. Merry

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

46

years

7 IF STILLBORN, enter that fact here.

8 67

AGE

Years

Months

Days

Hours

Minutes

If less than 1 day

Hours

Minutes

Usual

Occupation:

Newspaper Librarian

Industry

10 or Business:

11 Social Security No.

Cannot be learned

12 BIRTHPLACE (City)

New York

(State or country)

New York

13 NAME OF  
FATHER

Edward Brown

14 BIRTHPLACE OF  
FATHER (City)

New York

(State or country)

New York

15 MAIDEN NAME  
OF MOTHER

Annie Neville

16 BIRTHPLACE OF  
MOTHER (City)

New York

(State or country)

New York

17 Informant

Mary K. McPhillips

(Relation, if any)

(Address)

Hathorne, Mass.

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

September 16 19 47

MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATH

September 9 1947

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from July 11, 1947, to Sept. 9, 1947.

I last saw him alive on Sept. 9, 1947 death is said to have occurred on the date stated above, at 4:35 a.m.

Immediate cause of death

Arteriosclerotic heart disease

Due to

Bronchopneumonia

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

Clinical

20 Was disease or injury in any way related to occupation of deceased? N.O.

If so, specify

(Signed) Francis X. Sullivan

M. D.

(Address) Hathorne, Mass.

Date 9/12/1947

21 PLACE OF BURIAL Holyhood Cem. Brookline

CREMATION OR REMOVAL

(Cemetery)

(City or Town)

DATE OF BURIAL

Sept. 12

19 47

22 NAME OF

FUNERAL DIRECTOR

Kirby Brothers

ADDRESS

Winthrop

Received and filed

19

(Registrar of City or Town where deceased resided)





PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No.

15 Jefferson Street



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD  
CERTIFICATE OF DEATH

Registrar's No.

177

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME

Edward Mason Hiscox

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

15 Jefferson Street

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution

(Before death)

(Specify whether)

years

months

days.

In this community 5 yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED  
WIDOWED  
or DIVORCED Widowed

5a If married, widowed, or divorced

HUSBAND of Kate E McKinzie

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE

89

Years

11

Months

8

Days

If less than 1 day

Hours

Minutes

9 Usual

Occupation:

Meat Cutter (Retired)

10 Industry

or Business:

11 Social Security No. None

12 BIRTHPLACE (City)

Warren

(State or country)

R.I.

13 NAME OF  
FATHER

Sylvester B Hiscox

14 BIRTHPLACE OF  
FATHER (City)

Warren

(State or country)

R.I.

15 MAIDEN NAME  
OF MOTHER

Fannie Hoar

16 BIRTHPLACE OF  
MOTHER (City)

Warren

(State or country)

R.I.

17 Informant  
(Address)

Leila Winkley

Daughter if any

15 Jefferson Street Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Official Designation)

(Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATH

Sept 9

1947

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Sept 7, 1947, to Sept 9, 1947

I last saw him alive on Sept 9, 1947, death is said to

have occurred on the date stated above, at 7:15 M.

Immediate cause of death

Cerebral Embolism

Duration

IMPORTANT

2 days

Due to

Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

IMPORTANT

Physician

Underline  
the cause to  
which death  
should be  
staged statistically.

20 Was disease or injury in any way related to occupation of deceased?—

If so, specify

(Signed)

(Address)

P. J. Hutchinson

M. D.

Date 9-10-1947

21 Little Neck

Riverside R.I.

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

Sept. 12

1947

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

Victoria J. Reynolds  
180 Winthrop St. Winthrop

Received and filed

9/10/47

19

A TRUE COPY ATTEST:

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE \_\_\_\_\_

DATE OF DISCHARGE \_\_\_\_\_

RANK, RATING \_\_\_\_\_

ORGANIZATION AND OUTFIT \_\_\_\_\_

SERVICE NUMBER \_\_\_\_\_



WRITE PLAINLY, WITH UNFADING BLACKINK - THIS IS A PERMANENT RECORD  
 Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(d)-6-43-12056

PLACE OF DEATH		SUFFOLK (County) BOSTON		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH		BOSTON (City or town making return)	
1	No.	818 Harrison Ave.		St.	{ (If death occurred in a hospital or institution, give its NAME instead of street and number)		
2	FULL NAME	Ellis V Vradenbrugh		{ (If U. S. War Veteran, specify WAR)		Winthrop Mass.	
	(a) Residence. No.	41 Temple Ave.		St.	(If nonresident, give city or town and State)		
	(Usual place of abode)						
	Length of stay: In hospital or institution.	years	months	1	days.	In this community	years.
	(Before death)	(Specify whether)					months.
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3	SEX	4	COLOR OR RACE	5	SINGLE (write the word)	18	DATE OF DEATH
M		W		MARRIED	Married	Sept. 10/47	
				WIDOWED		(Month)	(Day)
				or DIVORCED			(Year)
5a	If married, widowed, or divorced	Emma C Smith		19			
HUSBAND of	(Give maiden name of wife in full)		I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)				
(or) WIFE of	(Husband's name in full)		Arterio sclerotic heart disease				
6	Age of husband or wife if alive	75	years	treated therefor collapsed in subway station			
7	IF STILLBORN, enter that fact here.						
8	AGE	81	Years	4	Months	Days	If less than 1 day
	Usual	Optician		Hours	Minutes		
9	Occupation:						
10	Industry or Business:	Optical Business for Self					
11	Social Security No.	None					
12	BIRTHPLACE (City) (State or country)	West Hurley New York					
13	NAME OF FATHER	Benjamin Vradenbrugh					
14	BIRTHPLACE OF FATHER (City) (State or country)	West Hurley New York					
15	MAIDEN NAME OF MOTHER	Mary Brinkerhoff					
16	BIRTHPLACE OF MOTHER (City) (State or country)	West Hurley New York ?					
17	Informant (Address)	Wife		(Relation, if any)			
A	TRUE COPY						
ATTEST:	Michael J. Manning (Registrar of city or town where death occurred)						
DATE FILED	Sept. 15/47		19				
20	Accident, suicide, or homicide (specify)	19					
	Date of occurrence	19					
	Where did injury occur?	(City or town and State)					
	Did injury occur in or about the home, on farm, in industrial place, or in public place?	(Specify type of place)					
	Manner of injury						
	Nature of injury	No					
	While at work?	Was there an autopsy?					
21	Was disease or injury in any way related to occupation of deceased?	If so, specify					
	(Signed)	Timothy Leary		M. D.			
	(Address)	Boston Mass		Date 9-10-19-47			
22	Place of Burial, Cremation or Removal	Winthrop Cem-Winthrop Mass.					
	DATE OF BURIAL	Sept. 13/47		19			
23	NAME OF FUNERAL DIRECTOR	V A Reynolds					
	ADDRESS	Winthrop Mass.					
	Received and filed	SEP 29 1947					
	(Registrar of City or Town where deceased resided)						



The following is a list of the names of the persons who have been admitted to the membership of the Society since the last meeting of the Council.

Name	Address	Profession
Mr. John Smith	123 Main Street, New York	Lawyer
Mr. James Brown	456 Elm Street, Boston	Physician
Mr. Robert Johnson	789 Oak Street, Philadelphia	Engineer
Mr. William Davis	101 Pine Street, Chicago	Merchant
Mr. Charles White	234 Cedar Street, St. Louis	Teacher
Mr. Henry Black	567 Maple Street, Cincinnati	Artist
Mr. George Green	890 Birch Street, Portland	Writer
Mr. Thomas Grey	112 Spruce Street, Baltimore	Banker
Mr. Richard Hall	145 Ash Street, San Francisco	Miner
Mr. Daniel King	178 Willow Street, New Orleans	Merchant
Mr. Joseph Lee	210 Poplar Street, Memphis	Lawyer
Mr. Samuel Miller	243 Hickory Street, Louisville	Physician
Mr. Benjamin Moore	276 Sycamore Street, Indianapolis	Engineer
Mr. Aaron Parker	309 Walnut Street, Kansas City	Teacher
Mr. Nathan Taylor	342 Chestnut Street, St. Paul	Artist
Mr. Jacob Harris	375 Mulberry Street, New York	Writer
Mr. John Adams	408 Madison Street, Chicago	Banker
Mr. George Baker	441 Broadway, New York	Miner
Mr. William Clark	474 Wall Street, New York	Merchant
Mr. Robert Evans	507 Nassau Street, New York	Lawyer
Mr. Thomas Foster	540 Broadway, New York	Physician
Mr. Daniel Gibson	573 Broadway, New York	Engineer
Mr. Joseph Hart	606 Broadway, New York	Teacher
Mr. Samuel King	639 Broadway, New York	Artist
Mr. Benjamin Lee	672 Broadway, New York	Writer
Mr. Aaron Miller	705 Broadway, New York	Banker
Mr. Nathan Parker	738 Broadway, New York	Miner
Mr. Jacob Taylor	771 Broadway, New York	Merchant
Mr. John White	804 Broadway, New York	Lawyer
Mr. George Young	837 Broadway, New York	Physician
Mr. William Hall	870 Broadway, New York	Engineer
Mr. Robert King	903 Broadway, New York	Teacher
Mr. Thomas Lee	936 Broadway, New York	Artist
Mr. Daniel Miller	969 Broadway, New York	Writer
Mr. Joseph Parker	1002 Broadway, New York	Banker
Mr. Samuel Taylor	1035 Broadway, New York	Miner
Mr. Benjamin White	1068 Broadway, New York	Merchant
Mr. Aaron Young	1101 Broadway, New York	Lawyer
Mr. Nathan Hall	1134 Broadway, New York	Physician
Mr. Jacob King	1167 Broadway, New York	Engineer
Mr. John Lee	1200 Broadway, New York	Teacher
Mr. George Miller	1233 Broadway, New York	Artist
Mr. William Parker	1266 Broadway, New York	Writer
Mr. Robert Taylor	1299 Broadway, New York	Banker
Mr. Thomas White	1332 Broadway, New York	Miner
Mr. Daniel Young	1365 Broadway, New York	Merchant
Mr. Joseph Hall	1398 Broadway, New York	Lawyer
Mr. Samuel King	1431 Broadway, New York	Physician
Mr. Benjamin Lee	1464 Broadway, New York	Engineer
Mr. Aaron Miller	1497 Broadway, New York	Teacher
Mr. Nathan Parker	1530 Broadway, New York	Artist
Mr. Jacob Taylor	1563 Broadway, New York	Writer
Mr. John White	1596 Broadway, New York	Banker
Mr. George Young	1629 Broadway, New York	Miner
Mr. William Hall	1662 Broadway, New York	Merchant
Mr. Robert King	1695 Broadway, New York	Lawyer
Mr. Thomas Lee	1728 Broadway, New York	Physician
Mr. Daniel Miller	1761 Broadway, New York	Engineer
Mr. Joseph Parker	1794 Broadway, New York	Teacher
Mr. Samuel Taylor	1827 Broadway, New York	Artist
Mr. Benjamin White	1860 Broadway, New York	Writer
Mr. Aaron Young	1893 Broadway, New York	Banker
Mr. Nathan Hall	1926 Broadway, New York	Miner
Mr. Jacob King	1959 Broadway, New York	Merchant
Mr. John Lee	1992 Broadway, New York	Lawyer
Mr. George Miller	2025 Broadway, New York	Physician
Mr. William Parker	2058 Broadway, New York	Engineer
Mr. Robert Taylor	2091 Broadway, New York	Teacher
Mr. Thomas White	2124 Broadway, New York	Artist
Mr. Daniel Young	2157 Broadway, New York	Writer
Mr. Joseph Hall	2190 Broadway, New York	Banker
Mr. Samuel King	2223 Broadway, New York	Miner
Mr. Benjamin Lee	2256 Broadway, New York	Merchant
Mr. Aaron Miller	2289 Broadway, New York	Lawyer
Mr. Nathan Parker	2322 Broadway, New York	Physician
Mr. Jacob Taylor	2355 Broadway, New York	Engineer
Mr. John White	2388 Broadway, New York	Teacher
Mr. George Young	2421 Broadway, New York	Artist
Mr. William Hall	2454 Broadway, New York	Writer
Mr. Robert King	2487 Broadway, New York	Banker
Mr. Thomas Lee	2520 Broadway, New York	Miner
Mr. Daniel Miller	2553 Broadway, New York	Merchant
Mr. Joseph Parker	2586 Broadway, New York	Lawyer
Mr. Samuel Taylor	2619 Broadway, New York	Physician
Mr. Benjamin White	2652 Broadway, New York	Engineer
Mr. Aaron Young	2685 Broadway, New York	Teacher
Mr. Nathan Hall	2718 Broadway, New York	Artist
Mr. Jacob King	2751 Broadway, New York	Writer
Mr. John Lee	2784 Broadway, New York	Banker
Mr. George Miller	2817 Broadway, New York	Miner
Mr. William Parker	2850 Broadway, New York	Merchant
Mr. Robert Taylor	2883 Broadway, New York	Lawyer
Mr. Thomas White	2916 Broadway, New York	Physician
Mr. Daniel Young	2949 Broadway, New York	Engineer
Mr. Joseph Hall	2982 Broadway, New York	Teacher
Mr. Samuel King	3015 Broadway, New York	Artist
Mr. Benjamin Lee	3048 Broadway, New York	Writer
Mr. Aaron Miller	3081 Broadway, New York	Banker
Mr. Nathan Parker	3114 Broadway, New York	Miner
Mr. Jacob Taylor	3147 Broadway, New York	Merchant
Mr. John White	3180 Broadway, New York	Lawyer
Mr. George Young	3213 Broadway, New York	Physician
Mr. William Hall	3246 Broadway, New York	Engineer
Mr. Robert King	3279 Broadway, New York	Teacher
Mr. Thomas Lee	3312 Broadway, New York	Artist
Mr. Daniel Miller	3345 Broadway, New York	Writer
Mr. Joseph Parker	3378 Broadway, New York	Banker
Mr. Samuel Taylor	3411 Broadway, New York	Miner
Mr. Benjamin White	3444 Broadway, New York	Merchant
Mr. Aaron Young	3477 Broadway, New York	Lawyer
Mr. Nathan Hall	3510 Broadway, New York	Physician
Mr. Jacob King	3543 Broadway, New York	Engineer
Mr. John Lee	3576 Broadway, New York	Teacher
Mr. George Miller	3609 Broadway, New York	Artist
Mr. William Parker	3642 Broadway, New York	Writer
Mr. Robert Taylor	3675 Broadway, New York	Banker
Mr. Thomas White	3708 Broadway, New York	Miner
Mr. Daniel Young	3741 Broadway, New York	Merchant
Mr. Joseph Hall	3774 Broadway, New York	Lawyer
Mr. Samuel King	3807 Broadway, New York	Physician
Mr. Benjamin Lee	3840 Broadway, New York	Engineer
Mr. Aaron Miller	3873 Broadway, New York	Teacher
Mr. Nathan Parker	3906 Broadway, New York	Artist
Mr. Jacob Taylor	3939 Broadway, New York	Writer
Mr. John White	3972 Broadway, New York	Banker
Mr. George Young	4005 Broadway, New York	Miner
Mr. William Hall	4038 Broadway, New York	Merchant
Mr. Robert King	4071 Broadway, New York	Lawyer
Mr. Thomas Lee	4104 Broadway, New York	Physician
Mr. Daniel Miller	4137 Broadway, New York	Engineer
Mr. Joseph Parker	4170 Broadway, New York	Teacher
Mr. Samuel Taylor	4203 Broadway, New York	Artist
Mr. Benjamin White	4236 Broadway, New York	Writer
Mr. Aaron Young	4269 Broadway, New York	Banker
Mr. Nathan Hall	4302 Broadway, New York	Miner
Mr. Jacob King	4335 Broadway, New York	Merchant
Mr. John Lee	4368 Broadway, New York	Lawyer
Mr. George Miller	4401 Broadway, New York	Physician
Mr. William Parker	4434 Broadway, New York	Engineer
Mr. Robert Taylor	4467 Broadway, New York	Teacher
Mr. Thomas White	4500 Broadway, New York	Artist
Mr. Daniel Young	4533 Broadway, New York	Writer
Mr. Joseph Hall	4566 Broadway, New York	Banker
Mr. Samuel King	4599 Broadway, New York	Miner
Mr. Benjamin Lee	4632 Broadway, New York	Merchant
Mr. Aaron Miller	4665 Broadway, New York	Lawyer
Mr. Nathan Parker	4698 Broadway, New York	Physician
Mr. Jacob Taylor	4731 Broadway, New York	Engineer
Mr. John White	4764 Broadway, New York	Teacher
Mr. George Young	4797 Broadway, New York	Artist
Mr. William Hall	4830 Broadway, New York	Writer
Mr. Robert King	4863 Broadway, New York	Banker
Mr. Thomas Lee	4896 Broadway, New York	Miner
Mr. Daniel Miller	4929 Broadway, New York	Merchant
Mr. Joseph Parker	4962 Broadway, New York	Lawyer
Mr. Samuel Taylor	4995 Broadway, New York	Physician
Mr. Benjamin White	5028 Broadway, New York	Engineer
Mr. Aaron Young	5061 Broadway, New York	Teacher
Mr. Nathan Hall	5094 Broadway, New York	Artist
Mr. Jacob King	5127 Broadway, New York	Writer
Mr. John Lee	5160 Broadway, New York	Banker
Mr. George Miller	5193 Broadway, New York	Miner
Mr. William Parker	5226 Broadway, New York	Merchant
Mr. Robert Taylor	5259 Broadway, New York	Lawyer
Mr. Thomas White	5292 Broadway, New York	Physician
Mr. Daniel Young	5325 Broadway, New York	Engineer
Mr. Joseph Hall	5358 Broadway, New York	Teacher
Mr. Samuel King	5391 Broadway, New York	Artist
Mr. Benjamin Lee	5424 Broadway, New York	Writer
Mr. Aaron Miller	5457 Broadway, New York	Banker
Mr. Nathan Parker	5490 Broadway, New York	Miner
Mr. Jacob Taylor	5523 Broadway, New York	Merchant
Mr. John White	5556 Broadway, New York	Lawyer
Mr. George Young	5589 Broadway, New York	Physician
Mr. William Hall	5622 Broadway, New York	Engineer
Mr. Robert King	5655 Broadway, New York	Teacher
Mr. Thomas Lee	5688 Broadway, New York	Artist
Mr. Daniel Miller	5721 Broadway, New York	Writer
Mr. Joseph Parker	5754 Broadway, New York	Banker
Mr. Samuel Taylor	5787 Broadway, New York	Miner
Mr. Benjamin White	5820 Broadway, New York	Merchant
Mr. Aaron Young	5853 Broadway, New York	Lawyer
Mr. Nathan Hall	5886 Broadway, New York	Physician
Mr. Jacob King	5919 Broadway, New York	Engineer
Mr. John Lee	5952 Broadway, New York	Teacher
Mr. George Miller	5985 Broadway, New York	Artist
Mr. William Parker	6018 Broadway, New York	Writer
Mr. Robert Taylor	6051 Broadway, New York	Banker
Mr. Thomas White	6084 Broadway, New York	Miner
Mr. Daniel Young	6117 Broadway, New York	Merchant
Mr. Joseph Hall	6150 Broadway, New York	Lawyer
Mr. Samuel King	6183 Broadway, New York	Physician
Mr. Benjamin Lee	6216 Broadway, New York	Engineer
Mr. Aaron Miller	6249 Broadway, New York	Teacher
Mr. Nathan Parker	6282 Broadway, New York	Artist
Mr. Jacob Taylor	6315 Broadway, New York	Writer
Mr. John White	6348 Broadway, New York	Banker
Mr. George Young	6381 Broadway, New York	Miner
Mr. William Hall	6414 Broadway, New York	Merchant
Mr. Robert King	6447 Broadway, New York	Lawyer
Mr. Thomas Lee	6480 Broadway, New York	Physician
Mr. Daniel Miller	6513 Broadway, New York	Engineer
Mr. Joseph Parker	6546 Broadway, New York	Teacher
Mr. Samuel Taylor	6579 Broadway, New York	Artist
Mr. Benjamin White	6612 Broadway, New York	Writer
Mr. Aaron Young	6645 Broadway, New York	Banker
Mr. Nathan Hall	6678 Broadway, New York	Miner
Mr. Jacob King	6711 Broadway, New York	Merchant
Mr. John Lee	6744 Broadway, New York	Lawyer
Mr. George Miller	6777 Broadway, New York	Physician
Mr. William Parker	6810 Broadway, New York	Engineer
Mr. Robert Taylor	6843 Broadway, New York	Teacher
Mr. Thomas White	6876 Broadway, New York	Artist
Mr. Daniel Young	6909 Broadway, New York	Writer
Mr. Joseph Hall	6942 Broadway, New York	Banker
Mr. Samuel King	6975 Broadway, New York	Miner
Mr. Benjamin Lee	7008 Broadway, New York	Merchant
Mr. Aaron Miller	7041 Broadway, New York	Lawyer
Mr. Nathan Parker	7074 Broadway, New York	Physician
Mr. Jacob Taylor	7107 Broadway, New York	Engineer
Mr. John White	7140 Broadway, New York	Teacher
Mr. George Young	7173 Broadway, New York	Artist
Mr. William Hall	7206 Broadway, New York	Writer
Mr. Robert King	7239 Broadway, New York	Banker
Mr. Thomas Lee	7272 Broadway, New York	Miner
Mr. Daniel Miller	7305 Broadway, New York	Merchant
Mr. Joseph Parker	7338 Broadway, New York	Lawyer
Mr. Samuel Taylor	7371 Broadway, New York	Physician
Mr. Benjamin White	7404 Broadway, New York	Engineer
Mr. Aaron Young	7437 Broadway, New York	Teacher
Mr. Nathan Hall	7470 Broadway, New York	Artist
Mr. Jacob King	7503 Broadway, New York	Writer
Mr. John Lee	7536 Broadway, New York	Banker
Mr. George Miller	7569 Broadway, New York	Miner
Mr. William Parker	7602 Broadway, New York	Merchant
Mr. Robert Taylor	7635 Broadway, New York	Lawyer
Mr. Thomas White	7668 Broadway, New York	Physician
Mr. Daniel Young	7701 Broadway, New York	Engineer
Mr. Joseph Hall	7734 Broadway, New York	Teacher
Mr. Samuel King	7767 Broadway, New York	Artist
Mr. Benjamin Lee	7800 Broadway, New York	Writer
Mr. Aaron Miller	7833 Broadway, New York	Banker
Mr. Nathan Parker	7866 Broadway, New York	Miner
Mr. Jacob Taylor	7899 Broadway, New York	Merchant
Mr. John White	7932 Broadway, New York	Lawyer
Mr. George Young	7965 Broadway, New York	Physician
Mr. William Hall	7998 Broadway, New York	Engineer
Mr. Robert King	8031 Broadway, New York	Teacher
Mr. Thomas Lee	8064 Broadway, New York	Artist
Mr. Daniel Miller	8097 Broadway, New York	Writer
Mr. Joseph Parker	8130 Broadway, New York	Banker
Mr. Samuel Taylor	8163 Broadway, New York	Miner
Mr. Benjamin White	8196 Broadway, New York	Merchant
Mr. Aaron Young	8229 Broadway, New York	Lawyer
Mr. Nathan Hall	8262 Broadway, New York	Physician
Mr. Jacob King	8295 Broadway, New York	Engineer
Mr. John Lee	8328 Broadway, New York	Teacher
Mr. George Miller	8361 Broadway, New York	Artist
Mr. William Parker	8394 Broadway, New York	Writer
Mr. Robert Taylor	8427 Broadway, New York	Banker
Mr. Thomas White	8460 Broadway, New York	Miner
Mr. Daniel Young	8493 Broadway, New York	Merchant
Mr. Joseph Hall	8526 Broadway, New York	Lawyer
Mr. Samuel King	8559 Broadway, New York	Physician
Mr. Benjamin Lee	8592 Broadway, New York	Engineer
Mr. Aaron Miller	8625 Broadway, New York	Teacher
Mr. Nathan Parker	8658 Broadway, New York	Artist
Mr. Jacob Taylor	8691 Broadway, New York	Writer
Mr. John White	8724 Broadway, New York	Banker
Mr. George Young	8757 Broadway, New York	Miner
Mr. William Hall	8790 Broadway, New York	Merchant
Mr. Robert King	8823 Broadway, New York	Lawyer
Mr. Thomas Lee	8856 Broadway, New York	Physician
Mr. Daniel Miller	8889 Broadway, New York	Engineer
Mr. Joseph Parker	8922 Broadway, New York	Teacher
Mr. Samuel Taylor	8955 Broadway, New York	Artist
Mr. Benjamin White	8988 Broadway, New York	Writer
Mr. Aaron Young	9021 Broadway, New York	Banker
Mr. Nathan Hall	9054 Broadway, New York	Miner
Mr. Jacob King	9087 Broadway, New York	Merchant
Mr. John Lee	9120 Broadway, New York	Lawyer
Mr. George Miller	9153 Broadway, New York	Physician
Mr. William Parker	9186 Broadway, New York	Engineer
Mr. Robert Taylor	9219 Broadway, New York	Teacher
Mr. Thomas White	9252 Broadway, New York	Artist
Mr. Daniel Young	9285 Broadway, New York	Writer
Mr. Joseph Hall	9318 Broadway, New York	Banker
Mr. Samuel King	9351 Broadway, New York	Miner
Mr. Benjamin Lee	9384 Broadway, New York	Merchant
Mr. Aaron Miller	9417 Broadway, New York	Lawyer
Mr. Nathan Parker	9450 Broadway, New York	Physician
Mr. Jacob Taylor	9483 Broadway, New York	Engineer
Mr. John White	9516 Broadway, New York	Teacher
Mr. George Young	9549 Broadway, New York	Artist
Mr. William Hall	9582 Broadway, New York	Writer
Mr. Robert King	9615 Broadway, New York	Banker
Mr. Thomas Lee	9648 Broadway, New York	Miner
Mr. Daniel Miller	9681 Broadway, New York	Merchant
Mr. Joseph Parker	9714 Broadway, New York	Lawyer
Mr. Samuel Taylor	9747 Broadway, New York	Physician
Mr. Benjamin White	9780 Broadway, New York	Engineer
Mr. Aaron Young	9813 Broadway, New York	Teacher
Mr. Nathan Hall	9846 Broadway, New York	Artist
Mr. Jacob King	9879 Broadway, New York	Writer
Mr. John Lee	9912 Broadway, New York	Banker
Mr. George Miller	9945 Broadway, New York	Miner
Mr. William Parker	9978 Broadway, New York	Merchant
Mr. Robert Taylor	10011 Broadway, New York	Lawyer
Mr. Thomas White	10044 Broadway, New York	Physician
Mr. Daniel Young	10077 Broadway, New York	Engineer
Mr. Joseph Hall	10110 Broadway, New York	Teacher
Mr. Samuel King	10143 Broadway, New York	Artist
Mr. Benjamin Lee	10176 Broadway, New York	Writer
Mr. Aaron Miller	10209 Broadway, New York	Banker
Mr. Nathan Parker	10242 Broadway, New York	Miner
Mr. Jacob Taylor	10275 Broadway, New York	Merchant
Mr. John White	10308 Broadway, New York	Lawyer
Mr. George Young	10341 Broadway, New York	Physician
Mr. William Hall	10374 Broadway, New York	Engineer
Mr. Robert King	10407 Broadway, New York	Teacher
Mr. Thomas Lee	10440 Broadway, New York	Artist
Mr. Daniel Miller	10473 Broadway, New York	Writer
Mr. Joseph Parker	10506 Broadway, New York	Banker
Mr. Samuel Taylor	10539 Broadway, New York	Miner
Mr. Benjamin White	10572 Broadway, New York	Merchant
Mr. Aaron Young	10605 Broadway, New York	Lawyer
Mr. Nathan Hall	10638 Broadway, New York	Physician
Mr. Jacob King	10671 Broadway, New York	Engineer
Mr. John Lee	10704 Broadway, New York	Teacher
Mr. George Miller	10737 Broadway, New York	Artist
Mr. William Parker	10770 Broadway, New York	Writer
Mr. Robert Taylor	10803 Broadway, New York	Banker
Mr. Thomas White	10836 Broadway, New York	Miner
Mr. Daniel Young	10869 Broadway, New York	Merchant
Mr. Joseph Hall	10902 Broadway, New York	Lawyer
Mr. Samuel King	10935 Broadway, New York	Physician
Mr. Benjamin Lee	10968 Broadway, New York	Engineer
Mr. Aaron Miller	11001 Broadway, New York	Teacher
Mr. Nathan Parker	11034 Broadway, New York	Artist
Mr. Jacob Taylor	11067 Broadway, New York	Writer
Mr. John White	11100 Broadway, New York	Banker
Mr. George Young	11133 Broadway, New York	Miner
Mr. William Hall	11166 Broadway, New York	Merchant
Mr. Robert King	11199 Broadway, New York	Lawyer
Mr. Thomas Lee	11232 Broadway, New York	Physician
Mr. Daniel Miller	11265 Broadway, New York	Engineer
Mr. Joseph Parker	11298 Broadway, New York	Teacher
Mr. Samuel Taylor	11331 Broadway, New York	Artist
Mr. Benjamin White	11364 Broadway, New York	Writer
Mr. Aaron Young	11397 Broadway, New York	Banker
Mr. Nathan Hall	11430 Broadway, New York	Miner
Mr. Jacob King	11463 Broadway, New York	Merchant
Mr. John Lee	11496 Broadway, New York	Lawyer
Mr. George Miller	11529 Broadway, New York	Physician
Mr. William Parker	11562 Broadway, New York	Engineer
Mr. Robert Taylor	11595 Broadway, New York	Teacher
Mr. Thomas White	11628 Broadway, New York	Artist
Mr. Daniel Young	11661 Broadway, New York	Writer
Mr. Joseph Hall	11694 Broadway, New York	Banker
Mr. Samuel King	11727 Broadway, New York	Miner
Mr. Benjamin Lee	11760 Broadway, New York	Merchant
Mr. Aaron Miller	11793 Broadway, New York	Lawyer
Mr. Nathan Parker	11826 Broadway, New York	Physician
Mr. Jacob Taylor	11859 Broadway, New York	Engineer
Mr. John White	11892 Broadway, New York	Teacher
Mr. George Young	11925 Broadway, New York	Artist
Mr. William Hall	11958 Broadway, New York	Writer
Mr. Robert King	11991 Broadway, New York	Banker
Mr. Thomas Lee	12024 Broadway, New York	Miner
Mr. Daniel Miller	12057 Broadway, New York	Merchant
Mr. Joseph Parker	12090 Broadway, New York	Lawyer
Mr. Samuel Taylor	12123 Broadway, New York	Physician
Mr. Benjamin White	12156 Broadway, New York	Engineer
Mr. Aaron Young	12	



## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSBoston  
(City or town making return)COPY OF  
CERTIFICATE OF DEATH

Registered No. 8146179

PLACE OF DEATH

Suffolk  
(County)Boston  
(City or Town)

No. Veteran's Adm. Hospt

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)2 FULL NAME Horace A Stevens  
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (If U. S.  
War Veteran,  
specify WAR) W W #1(a) Residence, No. 19 Villa Ave.  
(Usual place of abode)St. Winthrop Mass.  
(If nonresident, give city or town and State)Length of stay: In hospital or institution years month 15 days. In this community 15 yrs. mos. days.  
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word)  
MARRIED Married  
WIDOWED  
OR DIVORCED5a If married, widowed, or divorced Gladys Eaton  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 51 years

7 IF STILLBORN, enter that fact here.

8 AGE 53 Years 3 Months 1 Days | If less than 1 day  
Hours MinutesUsual  
9 Occupation: Insurance AgentIndustry  
10 or Business: Boston Mutual-Chelsea Office

11 Social Security No. 014-18-4015

12 BIRTHPLACE (City) Manchester New Hampshire  
(State or country)

PARENTS

13 NAME OF FATHER Clarence A Stevens

14 BIRTHPLACE OF FATHER (City) Lawrence Mass.  
(State or country)

15 MAIDEN NAME OF MOTHER Maude L Marsh

16 BIRTHPLACE OF MOTHER (City) Manchester N.H.  
(State or country)17 Informant Hospt Records, VAH  
(Address) West Rox. 32 Mass.  
Relation, if any

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED Sept. 22 19 47

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept. 16/47  
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from  
Sept. 1, 19 47, to Sept. 16, 19 47  
I last saw him alive on Sept. 16, 19 47, death is said to  
have occurred on the date stated above, at 9:35 P.m.Immediate cause of death  
Acute coronary occlusion  
Coronary arteriosclerosis and  
Due to insufficiency  
Contributing cause:  
Rheumatic heart disease with aortic  
stenosis, aortic insufficiency, mitral  
insufficiency, mitral stenosis and  
cardiac enlargement, valvular  
(mitral and aortic damage)  
and paroxysmal dyspnea (yrs)  
Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
Of operations  
Date of  
Of autopsy None  
What test confirmed diagnosis? Clinical, laboratory  
20 Was disease or injury in any way related to occupation of deceased?  
If so, specify J J Poutas  
(Signed) (Address) VAH West Roxbury Date 9-17-19 M. 27Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cem-Winthrop Mass.  
(Cemetery) (City or Town)

DATE OF BURIAL Sept. 19/47 19

22 NAME OF FUNERAL DIRECTOR Howard Reynolds  
ADDRESS Winthrop Mass.

Received and filed SEP 29 19 47 19

(Registrar of City or Town where deceased resided)

See instructions on reverse of Form R-302 for details regarding the use of this form. It is to be filled out by the registrar of the city or town in which the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

Entered Service 6-1-17  
Discharged 1-14-18 Hon.  
Sgt.  
Co.E. 401st Telegraph Bn.





# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten

of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



any other state or country. See instructions and terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, require physicians to insert a recital to that effect.

100m-(g)-1-45-15510

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

No. Winthrop Community Hospital st. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Pella M. Howe

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

(Usual place of abode)

1 Washington

TERRACE

st.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

Hospital

(Specify whether)

years

months

17 days.

In this community 60 yrs.

mos.

days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female White

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED  
WIDOWED  
or DIVORCED

Widow

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

HORACE HOWE

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE 81 Years

7

Months 2 Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

At Home

Industry

10 or Business:

11 Social Security No.

None

12 BIRTHPLACE (City)

HAVERHILL

(State or country)

MASS

13 NAME OF

FATHER

Unable to obtain

14 BIRTHPLACE OF

FATHER (City)

Unable to obtain

(State or country)

15 MAIDEN NAME

OF MOTHER

unable to obtain

16 BIRTHPLACE OF

MOTHER (City)

unable to obtain

(State or country)

17

Informant

(Address)

Edith Croxford

Relation, if any

1 Washington TERRACE

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No.

181

## PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATH

September 17

1947

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 3, 1946, to September 17, 1947.

I last saw him alive on September 16, 1947, death is said to

have occurred on the date stated above, at 3:00 A.M.

Immediate cause of death

Duration

Coronary thrombosis

Due to Atherosclerotic Heart Disease

Due to Generalized atherosclerosis

Other conditions: Bicuspid aortic valve  
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

What test confirmed diagnosis? Clinical &amp; Laboratory

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) M. D.

(Address) 562 Cherry St., Winthrop, Mass. Date Sept 17, 1947

21 Winthrop Cemetery Winthrop, Mass

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Sept 20 1947

22 NAME OF

FUNERAL DIRECTOR

ADDRESS Winthrop, Mass

Received and filed

SEP 22 1947

19

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE


DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
1	Suffolk Winthrop (County) (City or Town)			Registered No. 182	
No.	50 Coral Ave			ST. (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2	FULL NAME Harry Kalish (If deceased is a married, widowed or divorced woman, give also maiden name.)	ST. Winthrop (If nonresident, give city or town and State)		PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no	
(a)	Residence, No. 50 Coral Ave (Usual place of abode)	ST. Winthrop (If nonresident, give city or town and State)			
Length of stay: In hospital or institution (Before death)		years	months	days	In this community 26 yrs. mos. days.
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX male	4 COLOR OR RACE white	5 SINGLE (write the word) MARRIED widowed or WIDOWED or DIVORCED			
5a If married, widowed, or divorced HUSBAND of Bella Kelleman (Give maiden name of wife in full)		(or) WIFE of (Husband's name in full)			
6 Age of husband or wife if alive years					
7 IF STILLBORN, enter that fact here.					
8 AGE 84 Years Months Days If less than 1 day Hours Minutes					
9 Usual Occupation: Retired					
10 Industry or Business: Tailor					
11 Social Security No. none					
12 BIRTHPLACE (City) (State or country) Russia					
13 NAME OF FATHER Hedalia Kalish					
14 BIRTHPLACE OF FATHER (City) (State or country) Russia					
15 MAIDEN NAME OF MOTHER Cannot Be Learned					
16 BIRTHPLACE OF MOTHER (City) (State or country) Russia					
17 Informant (Address) Edward Kunkel (Address) 30 Winthrop Ave (City or Town) Winthrop					
18 DATE OF DEATH September 18, 1947 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from July 28, 1947, to Sep 18, 1947. I last saw him alive on Sep 18, 1947, death is said to have occurred on the date stated above, at 9.35 A. m. Immediate cause of death: Carcinoma of pancreas and obstructive jaundice Other conditions: Generalized arterio-sclerosis (Include pregnancy within 3 months of death) Major findings: Of operations Of autopsy What test confirmed diagnosis? clinical Underline the cause to which death should be charged statistically					
20 Was disease or injury in any way related to occupation of deceased? NO If so, specify: None (Signed) Dr. Winthrop (Address) 10 Washington St. (City or Town) Boston (Address) 10 Washington St. (City or Town) Boston					
21 Place of Burial, Cremation or Removal. (City or Town) Winthrop DATE OF BURIAL Sept. 18, 1947					
22 NAME OF FUNERAL DIRECTOR Benjamin Burnbach ADDRESS 10 Washington St. (City or Town) Boston Received and filed SEP 19 1947					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: (Signature of Agent or Board of Health or other) H.O. (Date of Issue of Permit) Sept. 18/1947 (Official Designation) (Registrar)					

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

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RULES OF PRACTICE

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSCOPY OF  
CERTIFICATE OF DEATH

Boston

(City or town making return)

82183

Registered No.

PLACE OF DEATH

Suffolk  
(County)Boston  
(City or Town)

No. Children's Hospt

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)2 FULL NAME Thomas M Safallo  
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 204 Pauline  
(Usual place of abode)St. Winthrop Mass.  
(If nonresident, give city or town and State)Length of stay: In hospital or institution years 5 months days. In this community yrs. 5 mos. days.  
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word) MARRIED Single  
WIDOWED  
OR DIVORCED5a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE Years 8 Months 18 Days If less than 1 day  
Hours MinutesUsual  
9 Occupation:Industry  
10 or Business:

11 Social Security No.

12 BIRTHPLACE (City) Winthrop Mass.  
(State or country)

13 NAME OF FATHER Robert Safallo

14 BIRTHPLACE OF FATHER (City) Boston Mass.  
(State or country)

15 MAIDEN NAME OF MOTHER Helen L White

16 BIRTHPLACE OF MOTHER (City) Winthrop Mass.  
(State or country)17 Informant Father (Relation, if any)  
(Address)

A TRUE COPY

ATTEST: Michael J. Manning  
(Registrar of city or town where death occurred)

DATE FILED Sept. 23/47 19

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept. 20/47  
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from  
Aug. 6/47, 19 to Sept. 20, 19 47  
I last saw him alive on Sept. 20, 19 47, death is said to  
have occurred on the date stated above, at 9:45 PM m. Duration

Immediate cause of death.

Rhodomyosarcoma of urinary bladder

5 Mos.

Due to.

Due to.

Other conditions.  
(Include pregnancy within 3 months of death)Major findings:  
Of operations.

Date of.

Of autopsy Rhodomyosarcoma

What test confirmed diagnosis? autopsy

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L Longino

(Address) 300 Longwood Ave. Date 9-20-19 M. 47

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cem-Winthrop Mass.  
(Cemetery) (City or Town)

DATE OF BURIAL Sept. 23/47 19

22 NAME OF FUNERAL DIRECTOR J F O'Maley  
ADDRESS Winthrop Mass.

Received and filed SEP 29 1917 19

(Registrar of City or Town where deceased resided)





OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF  
CERTIFICATE OF DEATH

Registered No.

8243  
184PLACE OF DEATH  
1SUFFOLK  
(County)  
BOSTON

(City or Town)

No. Peter Bent Brigham Hospt

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Harriet H Burt

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 5 Lincoln St  
(Usual place of abode)St. Winthrop Mass  
(If nonresident, give city or town and State)Length of stay: In hospital or institution years months 2 days In this community yrs. 1 mos. days.  
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX F 4 COLOR OR RACE W 5 SINGLE (write the word)  
MARRIED WIDOWED or DIVORCED Widow

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of (Give maiden name of wife in full)

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 67 Years 3 Months 19 Days | If less than 1 day  
Hours Minutes

Usual Occupation: Housewife

Industry or Business: At Home

11 Social Security No. None

12 BIRTHPLACE (City) Smith Cor. N.B.  
(State or country)

PARENTS

13 NAME OF FATHER George Christie

14 BIRTHPLACE OF FATHER (City) New Brunswick  
(State or country)

15 MAIDEN NAME OF MOTHER Annie Jones

16 BIRTHPLACE OF MOTHER (City) New Brunswick  
(State or country)17 Informant Anna Nickerson Daughter  
(Address) Relation, if any

A TRUE COPY.

ATTEST: (Registrar of City or town where death occurred)

DATE FILED Sept. 24/47

18 DATE OF DEATH Sept. 21/47  
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from  
Sept. 19, 19 47, to Sept. 21, 19 47  
I last saw her alive on Sept. 21, 19 47, death is said to  
have occurred on the date stated above, at 2:45AM m.Immediate cause of death  
Arterio sclerotic cardio vascular  
disease

Due to Myocardial infarction

Due to

Other conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations

Date of

Of autopsy

What test confirmed diagnosis? autopsy

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) N.A. Wilhelm  
(Address) 721 Huntington Ave. 9-21, M. 4721 PLACE OF BURIAL, Burtt Corner New Brunswick  
CREMATION OR REMOVAL (Cemetery)

DATE OF BURIAL Sept. 25/47 19

22 NAME OF FUNERAL DIRECTOR H S Reynolds  
ADDRESS Winthrop Mass.

Received and filed SEP 29 1947 19

(Registrar of City or Town where deceased resided)

returned in another city or town at the time of burial and transmitted on form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

1284

1284

1284



Suffolk

(County)

Winthrop

(City or Town)

No. 18 Temple Ave



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD

## CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 185

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number.)

2 FULL NAME Joseph Boyle

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 18 Temple Ave

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months

days.

In this community 31

yrs.

mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

Male

White

5a If married, widowed or divorced

HUSBAND of Minnie O'Neil

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

58

years

7 IF STILLBORN, enter that fact here.

8 AGE 74

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual Occupation

Meat Broker

Industry

10 or Business:

Meat

11 Social Security No.

12 BIRTHPLACE (City)

(State or Country)

Ireland

13 NAME OF

FATHER

Minnie O'Neil Boyle

14 BIRTHPLACE OF

FATHER (City)

(State or Country)

Ireland

15 MAIDEN NAME

OF MOTHER

Cannot be learned

16 BIRTHPLACE OF

MOTHER (City)

(State or Country)

Ireland

17 Informant (Address)

Minnie Boyle

(Wife, if any)

18 Temple Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed  
with me BEFORE the burial or transfer permit was issued:

Walter H. Baker  
(Signature of Agent of Board of Health or other)

Health Officer  
(Official Designation)

9/25/47  
(Date of issue of permit)

18 DATE OF DEATH

September 23 1947

(Month)

(Day)

(Year)

19

I HEREBY CERTIFY,

That I attended deceased from

April 9 1931 to September 23 1947  
I last saw him alive on September 23 1947, death is said to

have occurred on the date stated above, at 10:15 p.m.

Immediate cause of death

Sarcoma of left side of neck

Duration

IMPORTANT

5 years

Due to

Metastatic Carcinoma of 1 year

Due to

Cerebral Hemorrhage

5 days

Other conditions

Uremia

3 days

IMPORTANT

Major findings:

Of operations

Sarcoma of neck

Date of

April 23/47

Physician

Of autopsy

none

Underline

the cause to

which death

should be

charged sta-

tionally.

What test confirmed diagnosis? microscopic and clinical

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

No

(Signed)

(Address)

Jacob J. Abrams M.D.

Date

9/24/47

Winthrop

Winthrop

Date

9/24/47

Place of Burial, Cremation or Removal

(City or Town)

Wino

DATE OF BURIAL

Sept 26 1947

19

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

Winthrop

Received and Filed

SEP 29 1947

(Registrar)

19

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



PLACE OF DEATH  
1

Suffolk  
(County)

Winthrop  
(City or Town)

No. 3 Elmwood Court

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

Winthrop  
(City or town making return)

Registrar's Number 186

St. (If death occurred in a hospital or institution  
give its NAME instead of street and number)

2 FULL NAME Willard Michael Bacon  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT  
(Was deceased a  
U. S. War Veteran,  
if so specify WAR) NO

(a) Residence. No. 3 Elmwood Court  
(Usual place of abode) St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) years months days. In this community years months days. 65

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX male 4 COLOR OR RACE white 5 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED widowed

18 DATE OF DEATH September 25 1947  
(Month) (Day) (Year)

5a If married, widowed, or divorced  
HUSBAND OF Pauline Emily Haskell  
(Give maiden name of wife in full)

19 I HEREBY CERTIFY, That I attended deceased from  
Sept 22 1947 to Sept 25 1947

I last saw him alive on Sept 24 1947, death is said to  
have occurred on the date stated above, at 5:30 P. M.

6 Age of husband or wife if alive years

Immediate cause of death coronary thrombosis  
Duration Important 3 days

7 IF STILLBORN, enter that fact here.

8 AGE 87 Years 2 Months 1 Days If less than 1 day  
Hours Minutes

Due to

Usual  
9 Occupation: retired architect

Due to

Industry  
or Business:

Other conditions myocardial infarction  
(Include pregnancy within 3 months of death) 3 months Important

11 Social Security No. no

Major findings:  
Of operations

12 BIRTHPLACE (City)  
(State or country) Wellsborough  
Penna

Date of

13 NAME OF FATHER James Bacon

Of autopsy

14 BIRTHPLACE OF FATHER (City)  
(State or country) Charlestown, N. H.

What test confirmed diagnosis?

15 MAIDEN NAME OF MOTHER Electa Sanders

20 Was disease or injury in any way related to occupation of deceased? no

16 BIRTHPLACE OF MOTHER (City)  
(State or country) Charleston, Penn.

If so, specify

17 Informant Russell Bacon (Son)  
(Address) Long Island N.Y.

(Signed) Fred Colver M.D.

(Address) 108 Main St, Date 9/27 19 47

21 Winthrop Cemetery Winthrop  
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Sept. 27, 1947 19

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop

(Signature of Agent of Board of Health or other)

Received and filed 19

Walter S. Baker, Jr.  
(Official Designation) Health Officer (Date of Issue of Permit) 9/27/47

SEP 29 1947

A TRUE COPY ATTEST:

(Registrar)

## COMMONWEALTH OF MASSACHUSETTS

## GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten

of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



extracts from the laws on back of certificate.  
If deceased was a U. S. War Veteran, G. L. Chap. 45, Section 10, requires physicians to insert a recital to that effect.

100m. (g.) 1-35-15510

changed made per Mr. Reynolds 9/29/47



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent

187

Registered No. ....

1 PLACE OF DEATH  
Suffolk  
(County)

Winthrop  
(City or Town)

No. Winthrop Community Hoosp.

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

2 FULL NAME Baby Girl Co nklin

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 52 Washington Ave.  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) years months days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. Stillborn

8 AGE Years Months Days If less than 1 day Hours Minutes

9 Occupation: Usual

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Winthrop (State or country) Mass.

13 NAME OF FATHER Carl R. Winfred I Conklin

14 BIRTHPLACE OF FATHER (City) Hartford (State or country) Conn. New York

15 MAIDEN NAME OF MOTHER Eloise E. Elouise Cox

16 BIRTHPLACE OF MOTHER (City) Humble (State or country) Texas

17 Informant (Address) W. I. Conklin Father 52 Washington Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker (Signature of Agent or Board of Health or other) Health Officer (Official Designation) 9/29/47 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 27 September 47 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19, death is said to have occurred on the date stated above, at 1:48 A. m.

Immediate cause of death. Stillborn female

Due to Premature separation of placenta 3 hrs. Duration IMPORTANT

Other conditions. (Include pregnancy within 3 months of death) IMPORTANT

Major findings: Of operations Physician Underline the cause to which death should be charged statistically.

Of autopsy Date of

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Arthur C. Murray, M. O. (Address) Winthrop, Mass. Date Sept 29 1947

21 Winthrop Winthrop (City or Town)

Place of Burial, Cremation or Removal. DATE OF BURIAL Sept. 29 1947

22 NAME OF FUNERAL DIRECTOR Edward S. Reynolds ADDRESS Winthrop, Mass.

Received and filed 19

SEP 29 1947

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 75 Highland Ave



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No.

188

St. { If death occurred in a hospital or institution, }  
give its NAME instead of street and number)

2 FULL NAME

Winifred M Bryant

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

75 Highland Ave

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution  
(Before death)

(Specify whether)

years

months

days.

In this community 4 yrs.

mos.

days.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED  
WIDOWED  
or DIVORCED Widowed

5a If married, widowed or divorced

HUSBAND of:

(Give maiden name of wife in full)

(or) WIFE of

Pierce Bryant

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8 AGE

63 years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Housekeeper

10 Industry  
or Business:

Private Home

11 Social Security No.

Randolph

12 BIRTHPLACE (City)  
(State or Country)

Vermont

13 NAME OF  
FATHER

John Judg

14 BIRTHPLACE OF  
FATHER (City)  
(State or Country)

Vermont

15 MAIDEN NAME  
OF MOTHER

Jenny Kenney

16 BIRTHPLACE OF  
MOTHER (City)  
(State or Country)Bethel  
Vermont17 Informant  
(Address)Marion Hazard  
Winchester, N. H.

(Relation, if any)

Daughter

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed  
with me BEFORE the burial or transfer permit was issued:

Walter H. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

18 DATE OF  
DEATH

Sept 30 1947

(Month)

30

(Day)

1947

(Year)

19

I HEREBY CERTIFY,

That I attended deceased from

Sept 2

1947

Sept 30

1947

I last saw her alive on

Sept 29

1947

have occurred on the date

Sept 30

m.

Immediate cause of death

Coronary occlusion

Duration

IMPORTANT

1 day

Due to

Arterio-sclerotic Heart

Due to

Other conditions

(Include pregnancy within months of death)

Angina pectoris  
already

1 yr.

IMPORTANT

Major findings:  
Of operations

Date of

Of autopsy

What test confirmed diagnosis?

Physician

Underline  
the cause to  
which death  
should be  
charged statistically.20 Was disease or injury in any way related to occupation of deceased?  
If so, specify

No

(Signed)

(Address)

Myron N. King  
562 Shirley St  
Evergreen

Date

Sept 30 1947

21 Place of Burial, Cremation or Removal.

DATE OF BURIAL

October 3

1947

22 NAME OF  
FUNERAL DIRECTOR

ADDRESS

Winchester N H  
John F. O'Malley  
Winthrop Mass.

Received and Filed

OCT 2 1947

19

(Registrar)

**EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE  
RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE \_\_\_\_\_

DATE OF DISCHARGE \_\_\_\_\_

RANK, RATING \_\_\_\_\_

ORGANIZATION AND OUTFIT \_\_\_\_\_

SERVICE NUMBER \_\_\_\_\_



See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. **189**

1 PLACE OF DEATH  
Suffolk  
(County)  
Winthrop  
(City or Town)  
No. Winthrop Community Hospital St.

2 FULL NAME **BABY GIRL CROCKER**  
(If deceased is married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. **39 Orlando Ave** St. **So**  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community yrs. mos. days.

PHYSICIAN - IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR) **No**

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **F.** 4 COLOR OR RACE **White** 5 SINGLE (write the word) **Single**  
MARRIED  
WIDOWED  
or DIVORCED

5a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. **Stillborn**

8 AGE Years Months Days | If less than 1 day  
Hours Minutes

Usual  
9 Occupation: **None**

Industry  
10 or Business: **None**

11 Social Security No. **None**

12 BIRTHPLACE (City)  
(State or country) **Winthrop Mass**

13 NAME OF FATHER **Carlton Crocker**  
14 BIRTHPLACE OF FATHER (City) **East Boston**  
(State or country) **Mass**

15 MAIDEN NAME OF MOTHER **Eva Bertagna**

16 BIRTHPLACE OF MOTHER (City) **Charlestown**  
(State or country) **Mass**

17 Informant **Carlton Crocker (father)**  
(Address) **39 Orlando Ave**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

**Walter H. Gasker**  
(Signature of Agent of Board of Health or other)

**Health Officer** **12/6/47**  
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Oct 3 1947**  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
19... 40... 19...

I last saw h... alive on... 19... death is said to  
have occurred on the date stated above, at... m.

Immediate cause of death

**FETAL DEATH in utero** **IMPORTANT**

Due to **Thrombosis of umbilical cord** **2 wks**

Due to

Other conditions  
(Include pregnancy within 3 months of death) **IMPORTANT**

Major findings:  
Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) **James O. Wilson** M. D.  
(Address) **31 Commonwealth St** Date **Oct 3 1947**

21 Place of Burial, Cremation or Removal **Winthrop** (City or Town)

DATE OF BURIAL **Oct 6 1947**

22 NAME OF FUNERAL DIRECTOR **Charles W. Treanor**

ADDRESS **East Boston**

Received and filed **OCT 5 1947** **19**

(Registrar)

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GOVERNING THE

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by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



## The Commonwealth of Massachusetts

Boston

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF  
CERTIFICATE OF DEATH

Registered No. 87900

PLACE OF DEATH

Suffolk  
(County)Boston  
(City or Town)

No. St. Elizabeth's Hospital

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)2 FULL NAME Baby Girl Curran  
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (If U. S.  
War Veteran,  
specify WAR)(a) Residence, No. 40 Belcher St.  
(Usual place of abode)

Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution..... years months days. In this community yrs. mos. days.  
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX F 4 COLOR OR RACE W 5 SINGLE (write the word)  
MARRIED  
WIDOWED Single  
or DIVORCED5a If married, widowed, or divorced  
HUSBAND of .....  
(Give maiden name of wife in full)  
(or) WIFE of .....  
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE ..... Years ..... Months 4 Days | If less than 1 day  
Hours ..... MinutesUsual  
9 Occupation: ----Industry  
10 or Business: .....

11 Social Security No. ....

12 BIRTHPLACE (City) Boston Mass.  
(State or country)

13 NAME OF FATHER William J Curran

14 BIRTHPLACE OF FATHER (City) Boston Mass.  
(State or country)

15 MAIDEN NAME OF MOTHER Alice Curran O.K.

16 BIRTHPLACE OF MOTHER (City) Boston Mass.  
(State or country)17 Informant Mother (Relation, if any)  
(Address)

A TRUE COPY.

ATTEST: Michael J. Manning  
(Registrar of city or town where death occurred)


DATE FILED Oct. 14/47 19

18 DATE OF DEATH Oct. 3/47  
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from  
Sept. 30, 19 47 to Oct. 3/47, 19  
I last saw her alive on Oct. 3/47, 19 death is said to  
have occurred on the date stated above, at 11:45P.m.Immediate cause of death  
Prematurity 32 weeksDue to .....  
Due to (Maternal toxemia)Other conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations ..... Date of .....  
Of autopsy .....  
Underline the cause to which death should be charged statistically.What test confirmed diagnosis? .....  
20 Was disease or injury in any way related to occupation of deceased No  
If so, specify(Signed) E. M. Campbell M. D.  
(Address) St. Eliz. Hospit Date 10-3 19 4721 PLACE OF BURIAL Mt. Benedict  
CREMATION OR REMOVAL (City or Town)  
DATE OF BURIAL Oct. 11/47 1922 NAME OF FUNERAL DIRECTOR J H Sullivan  
ADDRESS Brighton Mass.Received and filed OCT 21 1947  
(Registrar of City or Town where deceased resided)

resided in another city or town at the time of death should be made forthwith and transmitted on Form R-303 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)





PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
1 { <u>Suffolk</u> (County)				Registered No. <u>191</u>	
1 { <u>Wintthrop</u> (City or Town)					
No. <u>Wintthrop Community Hospital</u>		St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)			
2 FULL NAME <u>BABY DOY GIVINSKY</u> (If deceased is married, widowed or divorced woman, give also maiden name.)		PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)			
(a) Residence, No. <u>34 Waver</u> (Usual place of abode) <u>37 Waver</u>		St. <u>Revere</u> (If nonresident, give city or town and State)			
Length of stay: in hospital or institution (Before death)		years months days		In this community yrs. mos. days	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <u>M</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE (write the word) MARRIED <u>S</u> WIDOWED or DIVORCED			
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)					
6 Age of husband or wife if alive years					
7 IF STILLBORN, enter that fact here. <u>stillborn</u>					
8 AGE Years Months Days   If less than 1 day Hours Minutes					
9 Occupation: Usual Industry or Business:					
11 Social Security No.					
12 BIRTHPLACE (City) <u>Wintthrop</u> (State or country) <u>Mass.</u>					
13 NAME OF FATHER <u>Albert Givinsky</u>					
14 BIRTHPLACE OF FATHER (City) <u>Revere</u> (State or country) <u>Mass.</u>					
15 MAIDEN NAME OF MOTHER <u>Mildred Kamp</u>					
16 BIRTHPLACE OF MOTHER (City) <u>Cape Girardeau</u> (State or country) <u>Missouri</u>					
17 Informant <u>Hospital Records</u> (Relation, if any) (Address) <u>Wintthrop Community Hospital</u>					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>Walter A. Bakker</u> (Signature of Agent of Board of Health or other) <u>Health Officer</u> (Official Designation) <u>10/6/47</u> (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH <u>OCT 3 1947</u> (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw him alive on 19... death is said to have occurred on the date stated above, at... m. Immediate cause of death <u>FETAL DEATH IN UTERO</u> <b>IMPORTANT</b> <u>Due to thromboses of umbilical cord</u> <u>1 WA</u> Due to Other conditions (Include pregnancy within 3 months of death) Major findings: Of operations Date of Of autopsy What test confirmed diagnosis? <b>IMPORTANT</b> Physician Underline the cause to which death should be charged statistically					
20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>Revere O. Nelson</u> M. O. (Address) <u>311 Commonwealth Blvd</u> Date <u>OCT 3 1947</u>					
21 <u>Wintthrop Community Hospital</u> Date <u>OCT 3 1947</u> Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL <u>Oct 6-6</u> 1947					
22 NAME OF FUNERAL DIRECTOR <u>Wesley W. Wintthrop</u> ADDRESS <u>262 Beach St. Revere</u>					
Received and filed <u>OCT 6 1947</u> (Registrar)					

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



Copies of returns of deaths recorded during the previous month which occurred in your city or town in 1947, and which were not recorded in another city or town at the time of death should be made forthwith and transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

2ym.(d)-6-43-12056

PLACE OF DEATH

SUFFOLK  
(County)  
BOSTON  
(City or Town)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
COPY OF  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

BOSTON  
(City or town making return)

Registered No. 86192

No. Boston City Hosp

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George E Hosker  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) no

(a) Residence, No. 201 Winthrop  
(Usual place of abode)

St. Winthrop, Mass.  
(If nonresident, give city or town and State)

Length of stay: In hospital or institution. years months 3 days. In this community yrs. mos. days.  
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

18 DATE OF DEATH Oct 3, 1947  
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of Annie V McDonald  
(Give maiden name of wife in full)  
(or) WIFE of  
(Husband's name in full)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)  
Multiple fractured ribs  
Bronchopneumonia

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 51 Years 4 Months 25 Days | If less than 1 day Hours Minutes

9 Occupation: Usual Machinist

20 Accident, suicide, or homicide (specify) Accidental  
Date of occurrence 9-30-47 19

10 Industry or Business: Ships

Where did Injury occur? 989 Bennington St. E Boston  
(City or town and State)

11 Social Security No. - - -

Did Injury occur in or about the home, on farm, in industrial place, or in public place?  
(Specify type of place)

12 BIRTHPLACE (City) Lynn, Mass  
(State or country)

Manner of Injury Fell out window

13 NAME OF FATHER George Hosker

Nature of Injury

14 BIRTHPLACE OF FATHER (City) Lynn, Mass  
(State or country)

While at work? Was there an autopsy?

15 MAIDEN NAME OF MOTHER Mary Healy

21 Was disease or injury in any way related to occupation of deceased?

If so, specify R Ford  
(Signed) Boston, Mass Date 10-4-47 M. D.  
(Address)

16 BIRTHPLACE OF MOTHER (City) Lynn, Mass  
(State or country)

22 Winthrop, Winthrop  
Place of Burial, Cremation or Removal (City or Town)  
DATE OF BURIAL Oct 6, 1947 19

17 Informant Wife (Relation, if any)  
(Address) Same

23 NAME OF FUNERAL DIRECTOR R Kirby  
ADDRESS Boston, Mass

A TRUE COPY

ATTEST: (Registrar of city or town where death occurred)

Received and filed OCT 11 1947 19

DATE FILED Oct 7, 1947 19

(Registrar of City or Town where deceased resided)





1 { PLACE OF DEATH

Suffolk  
(County)

Winthrop  
(City or Town)

No. 61 Birch Rd.



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 193

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

2 FULL NAME Letitia A Damant

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 61 Birch Rd.  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years ..... months ..... days. In this community 20 yrs. mos. days.  
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Single

5a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 84 Years ..... Months ..... Days | If less than 1 day  
Hours ..... Minutes

Usual  
9 Occupation: At Home

Industry  
10 or Business:

11 Social Security No. None

12 BIRTHPLACE (City) Unable to obtain  
(State or country)

13 NAME OF FATHER William A Damant

14 BIRTHPLACE OF FATHER (City) England  
(State or country)

15 MAIDEN NAME OF MOTHER Selvia Lyman

16 BIRTHPLACE OF MOTHER (City) St. John  
(State or country) New Brunswick

17 Informant Richard L. Deshon (Relation to deceased)  
(Address) 271 Park St. West Roxbury

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

Walter H. Baker  
(Signature of Agent of Board of Health or other)

Health Officer 10/6/47  
(Official Designation) (Date of Issue of Permit)

18 DATE OF DEATH October 4 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
March 7, 1947, to Oct 4, 1947  
I last saw her alive on Oct 3, 1947, death is said to

have occurred on the date stated above, at 4:30 a.m.

Immediate cause of death Generalized  
arterial sclerosis

Duration

IMPORTANT

10 years

Due to

Due to

Other conditions none  
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings: none  
Of operations

Physician

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically

Date of none  
Of autopsy none  
What test confirmed diagnosis? clinical

20 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) Sybil A. Robinson M. O.  
(Address) Winthrop, Mass. Date Oct 4, 1947

21 Forrest Hills Crematory Boston  
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Oct. 6 1947

22 NAME OF FUNERAL DIRECTOR Edward S. Reynolds  
ADDRESS Winthrop, Mass.

Received and Read OCT 6 1947 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained bereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. **194**

1 PLACE OF DEATH  
Suffolk  
Winthrop  
(County)  
(City or Town)

No. **65** **Johnson Ave.** (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Annie Young**  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence, No. **157 Babcock**  
(Usual place of abode)

Length of stay: In hospital or institution **35 years** (Specify whether) **Summit** (If nonresident, give city or town and State)  
(Before death) **Winthrop** In this community **1** yrs. **Brookline** mos. **Brookline** days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word)  
**Married**

5a If married, widowed or divorced  
HUSBAND of **Annie Young**  
(Give maiden name if different)  
(or) WIFE of **Isaac Young**  
(Husband's name in full)

6 Age of husband or wife if alive **70** years

7 IF STILLBORN, enter that fact here.

8 AGE **70** Years Months Days If less than 1 day  
Hours Minutes

Usual  
9 Occupation: **House - wife**

Industry  
10 or Business: **at home**

11 Social Security No.

12 BIRTHPLACE (City)  
(State or country) **Russia**

13 NAME OF  
FATHER **David Shapiro**

14 BIRTHPLACE OF  
FATHER (City)  
(State or country) **Russia**

15 MAIDEN NAME  
OF MOTHER **Deborah (unknown)**

16 BIRTHPLACE OF  
MOTHER (City)  
(State or country) **Russia**

17 Informant **Isaac Young (husband)**  
(Address) **157 Babcock St. Brookline**

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

**Walter H. Babcock Baker**  
(Signature of Agent of Board of Health or other)

**Walter Bruce** (Official Designation) **10/1/47** (Date of Issue of Permit)

18 DATE OF  
DEATH **Oct. 5<sup>th</sup>** **1947**  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
**1942** to **Oct. 5<sup>th</sup>**, **1947**

I last saw her alive on **Oct. 5<sup>th</sup>**, **1947**, death is said to  
have occurred on the date stated above, at **1 a.m.**

Immediate cause of death

**Ematiation**  
**Ematiation**

Due to **Carcinoma cardiac**  
**and esophagus**

Due to **aneurysm**

Other conditions **aneurysm aortic**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Date of

Of autopsy

What test confirmed diagnosis? **X rays**

20 Was disease or injury in any way related to occupation of deceased?

If so, specify **none**  
(Signed) **Daniel LOWENTHAL M. D.**  
(Address) **1382 Beacon St., Brookline** Date **10/6** **1947**

21 **Pride of Boston - Woburn**  
Place of Burial, Cremation or Removal (City or Town) **Mass.**  
DATE OF BURIAL **Oct 7** **1947**

22 NAME OF  
FUNERAL DIRECTOR **Henry Levine**  
ADDRESS **470 Harvard St. Brookline**

Received and filed **Oct 1 1947** 19

(Registrar)

**EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE**

**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Centenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Centenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE \_\_\_\_\_

DATE OF DISCHARGE \_\_\_\_\_

RANK, RATING \_\_\_\_\_

ORGANIZATION AND OUTFIT \_\_\_\_\_

SERVICE NUMBER \_\_\_\_\_



1 PLACE OF DEATH

Suffolk *Revere*  
(County)  
Winthrop  
(City or Town)

No. Winthrop Community Hospital



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 195

2 FULL NAME Fred O'Connor  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 61 Pleasant Street  
(Usual place of abode)

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

St. Revere  
(If nonresident, give city or town and State)

Length of stay: In hospital or institution *W hosp.* years months 3 days. In this community yrs. mos. days.  
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED married  
or WIDOWED or DIVORCED

5a If married, widowed, or divorced  
HUSBAND of Mary E. Flynn  
(Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 67 years

7 IF STILLBORN, enter that fact here.

8 AGE 69 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: salesman

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Marlboro, Mass.  
(State or country)

13 NAME OF FATHER Patrick O'Connor

14 BIRTHPLACE OF FATHER (City) Ireland  
(State or country)

15 MAIDEN NAME OF MOTHER Mary Flynn

16 BIRTHPLACE OF MOTHER (City) Ireland  
(State or country)

17 Informant Mary O'Connor (Address) 1498 North Street, Revere  
(Name, if any)

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

Walter A. Parker  
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 10/8/47 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH OCTOBER 6 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
SEPT. 27 1947, to OCT 6 1947

I last saw him alive on OCTOBER 6 1947, death is said to  
have occurred on the date stated above, at 4:38 P. m.

Immediate cause of death:

Bronchial pneumonia  
Generalized arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations

Date of Of autopsy Clinical  
What test confirmed diagnosis?

Duration

IMPORTANT

IMPORTANT

Physician

Underline  
the cause to  
which death  
should be  
charged statistically

20 Was disease or injury in any way related to occupation of deceased? No.

so, specify Harold Musgrave M. D.  
(Signed) 620 Beach St. Revere Date 10-8-1947  
(Address)

21 Place of Burial, Cremation or other Marlboro  
DATE OF BURIAL 10/10/47 1947

22 NAME OF FUNERAL DIRECTOR  
ADDRESS

Received and filed OCT 10 1947 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

Cambridge

(City or town making return)

COPY OF  
CERTIFICATE OF DEATH

Registered No. 1459196



1 PLACE OF DEATH  
Middlesex  
(County)  
Cambridge  
(City or Town)  
No. Holy Ghost Hospital

2 FULL NAME Ruth H. Bowman  
(If deceased is a married, widowed or divorced woman, give also maiden name.)  
(a) Residence, No. 178 Highland Avenue  
(Usual place of abode)  
Hospital  
Length of stay: In hospital or institution years months 22 days. In this community yrs. mos. days.  
(Before death) (Specify whether)

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

{ (If U. S. War Veteran, specify WAR)

Winthrop, Mass.

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female  
4 COLOR OR RACE White  
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single  
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)  
6 Age of husband or wife If alive years  
7 IF STILLBORN, enter that fact here.  
8 AGE 69 Years 3 Months 19 Days | If less than 1 day Hours Minutes  
9 Usual Occupation: At home  
10 Industry or Business: At home  
11 Social Security No.  
12 BIRTHPLACE (City) Randolph, Mass.  
(State or country)

PARENTS  
13 NAME OF FATHER John S. Bowman  
14 BIRTHPLACE OF FATHER (City) U.S. A.  
(State or country)  
15 MAIDEN NAME OF MOTHER Maggie A. Birsall  
16 BIRTHPLACE OF MOTHER (City) U.S.A.  
(State or country)

17 Informant John Bowman  
(Address) 178 Highland Ave., Winthrop, Mass.  
Relation, if any Brother

A TRUE COPY.  
ATTEST: Frederick H. Burk  
(Registrar of city or town where death occurred)  
DATE FILED October 10, 1947 19

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 9th, 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1947, to October 9, 1947.  
I last saw her alive on October 8, 1947, death is said to have occurred on the date stated above, at 3:00 A. m.

Immediate cause of death Carcinoma of rectum 12 Mos

Due to  
Due to

Other conditions Thrombosis of inferior Vena Cave  
(Include pregnancy within 3 months of death)

Major findings: Of operations  
Date of  
Of autopsy As above  
What test confirmed diagnosis? Autopsy

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify William C. Maloney  
(Signed) Holy Ghost Hosp. Camb. Date 10-9-1947  
(Address)

21 PLACE OF BURIAL Winthrop Cem. Winthrop  
CREMATION OR REMOVAL (Cemetery) (City or Town)  
DATE OF BURIAL October 1, 1947 19

22 NAME OF FUNERAL DIRECTOR Kirby Bros.  
ADDRESS 210 Winthrop St., Winthrop, Mass.

Received and filed OCT 15 1947 19  
(Registrar of City or Town where deceased resided)

Physician  
2 days  
Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.





## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

Boston

(City or town making return)

COPY OF  
CERTIFICATE OF DEATH

Registered No. 88337

1 PLACE OF DEATH  
Suffolk (County)  
Boston (City or Town)  
No. Mass. General Hospital St.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie M Halliday  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence, No. 423 Winthrop St  
(Usual place of abode) Winthrop Mass.  
(If nonresident, give city or town and State)

Length of stay: In hospital or institution years months 1 days. In this community yrs. mos. 1 days.  
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) George J Halliday  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 68 years

7 IF STILLBORN, enter that fact here.

8 AGE 65 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Housework

10 Industry or Business: Own Home

11 Social Security No. None

12 BIRTHPLACE (City) Sweden  
(State or country)

PARENTS

13 NAME OF FATHER Gustave Johnson

14 BIRTHPLACE OF FATHER (City) Sweden  
(State or country)

15 MAIDEN NAME OF MOTHER Johanna Bell

16 BIRTHPLACE OF MOTHER (City) Sweden  
(State or country)

17 Informant Husband (Address) (Relation, if any)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Oct 14/47 19

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct. 9/47  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1947, to Oct. 9, 1947.  
I last saw her alive on Oct. 9/47 4:41 PM, death is said to have occurred on the date stated above, at m. Duration

Immediate cause of death Hemorrhage, subarachnoid 36 Hrs

Due to Hypertensive vascular disease 1 1/2 Yrs

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: None  
Of operations

Date of Underline the cause to which death should be charged statistically.

Of autopsy autopsy  
What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J S Lichty M. D.  
(Address) Mass. General Hospt. 10-10 19 47

21 PLACE OF BURIAL Winthrop Cem-Winthrop Mass.  
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL Oct. 14/47 19

22 NAME OF FUNERAL DIRECTOR F J Magrath  
ADDRESS East Boston Mass.

Resolved and filed OCT 24 1947 19  
(Registrar of City or Town where deceased resided)

Recorded in and certified by the Registrar of the City or Town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)





PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

No. 316 Pleasant St.,

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 198

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number.) }2 FULL NAME Julia A. McCarthy  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

{ (Was deceased a  
U. S. War Veteran,  
if so specify WAR) }(a) Residence. No. 316 Pleasant St  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community 47 yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX Female  
4 COLOR OR RACE White  
5 SINGLE (write the word) MARRIED Widowed  
WIDOWED  
or DIVORCED18 DATE OF DEATH Oct. 9 1947  
(Month) (Day) (Year)

5a If married, widowed or divorced

HUSBAND of

(Give maiden name of wife in full)  
(or) WIFE of Joseph H. McCarthy  
(Husband's name in full)19 I HEREBY CERTIFY, That I attended, deceased from  
June 1, 1943, to Oct 9, 1947  
I last saw him alive on Oct 7, 1947, death is said to  
have occurred on the date stated above, at 2:15 A. M.

6 Age of husband or wife if alive years

Immediate cause of death

7 IF STILLBORN, enter that fact here.

1 Syphilitic meningitis  
Duration  
IMPORTANT  
Oct 7  
(2 days)

8 AGE 74 Years Months Days If less than 1 day Hours Minutes

Due to  
fractured aortic aneurysm  
Due to

Usual Occupation: Housewife

Other conditions  
(Include pregnancy within 3 months of death)

Industry or Business: Own Home

Major findings:  
Of operations

11 Social Security No.

Date of

12 BIRTHPLACE (City)  
(State or Country) Boston  
Mass

Of autopsy

What test confirmed diagnosis?

13 NAME OF FATHER John Fulham

20 Was disease or injury in any way related to occupation of deceased?  
If so, specify(Signed) Charles H. Mahoney, M. D.  
(Address) 4 Washington St. Date 10-9-194714 BIRTHPLACE OF FATHER (City)  
(State or Country) Ireland21 Holy Cross Malden Mass  
Place of Burial, Cremation or Removal (City or Town)

15 MAIDEN NAME OF MOTHER Ellen Leonard

DATE OF BURIAL October 11 1947

16 BIRTHPLACE OF MOTHER (City)  
(State or Country) Ireland22 NAME OF FUNERAL DIRECTOR John F. O'Malley  
ADDRESS Winthrop Mass17 Informant Geraldine Halligan (daughter)  
(Address) 316 Pleasant St Winthrop

Received and Filed OCT 10 1947 19

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed  
with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 10/10/47

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

No. 41 Washington Ave

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

## STANDARD

## CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 199

2 FULL NAME Joseph J. McGrath

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 350 Revere St  
(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months 7 days. In this community 28 yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLDR OR RACE

5 SINGLE (write the word)

MARRIED  
WIDDED  
or DIVORCED

Male

White

Widowed

5a If married, widowed or divorced,  
HUSBAND of Anna M. Flynn

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 68 Years Months Days If less than 1 day Hours Minutes

Usual

9 Occupation:

Retired

Industry  
10 or Business:

Meat Salesman

11 Social Security No.

013-07-6941

12 BIRTHPLACE (City)  
(State or Country)

Canada

PARENTS

13 NAME OF  
FATHER

John McGrath

14 BIRTHPLACE OF  
FATHER (City)  
(State or Country)

Ireland

15 MAIDEN NAME  
OF MOTHER

---

Dwyer

16 BIRTHPLACE OF  
MOTHER (City)  
(State or Country)

Cannot be learned

17 Informant  
(Address)Howard McGrath (Relation if any)  
350 Revere St WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was filed  
with me BEFORE the burial or transfer permit was issued:Walter J. Baker  
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 10/10/47

18 DATE OF  
DEATH

Oct.

9

1947

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Aug. 31, 1947, to Oct. 9, 1947

I last saw him alive on Oct. 9, 1947, death is said to  
have occurred on the date stated above, at 4:30 A. m.

Immediate cause of death

Myocardial heart  
disease

Due to

arteriosclerosis

generalized

Due to

diabetes mellitus

and senility

Other conditions

(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?  
If so, specify No

(Signed)

Joseph Gregorie, M. D.  
(Address) 300 Washington Ave Date Oct. 9, 1947

21 Winthrop Winthrop

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL

October 11, 1947

22 NAME OF  
FUNERAL DIRECTOR

ADDRESS

John F. O'Malley  
Winthrop, Mass

Received and Filed

OCT 13 1947

19

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten or chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

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RULES OF PRACTICE

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE \_\_\_\_\_

DATE OF DISCHARGE \_\_\_\_\_

RANK, RATING \_\_\_\_\_

ORGANIZATION AND OUTFIT \_\_\_\_\_

SERVICE NUMBER \_\_\_\_\_



(Registrar

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



1 PLACE OF DEATH  
Suffolk,  
(County)  
Winthrop,  
(City or Town)  
No. 19 Lowell Road,



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 201

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME MABEL SPENCER UNDERHILL,  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) No.

(a) Residence. No. 19 Lowell Road,  
(Usual place of abode) St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution None. years months days. In this community 2 yrs. 0 mos. 0 days.  
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Widowed.

18 DATE OF DEATH October 13, 1947  
(Month) (Day) (Year)

5a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of Claude Earnest Underhill,  
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from  
February 10, 1917, to October 13, 1947.  
I last saw her alive on October 13, 1947, death is said to

have occurred on the date stated above, at 8:45 p. m. Duration  
Immediate cause of death.

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 65 Years 10 Months 11 Days | If less than 1 day  
Hours Minutes

9 Occupation: None.

10 Industry or Business: None.

11 Social Security No. None.

12 BIRTHPLACE (City) ENGLAND.  
(State or country)

Due to Carcinomatosis  
Carcinoma of vagina  
Due to  
Other conditions.  
(Include pregnancy within 3 months of death)

IMPORTANT

3-4 mo

1 year

IMPORTANT

Major findings: Biopsy of vaginal wall:  
Of operations Epithelioma of vagina Date of 3/21/47  
Of autopsy  
What test confirmed diagnosis? above

Physician

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

13 NAME OF FATHER Courtney Spencer Foster,

14 BIRTHPLACE OF FATHER (City) ENGLAND.  
(State or country)

15 MAIDEN NAME OF MOTHER Sara Farmer,

16 BIRTHPLACE OF MOTHER (City) ENGLAND,  
(State or country)

17 Informant Miss Barbara Underhill (Daughter)  
(Address) 19 Lowell Road, Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

Walter J. Gabley  
(Signature of Agent of Board of Health or other)

Health Officer  
(Official Designation) (Date of Issue of Permit) 10/15/47

20 Was disease or injury in any way related to occupation of deceased? No.  
If so, specify  
(Signed) [Signature] M. D.  
(Address) 138 Shon Dr. W. P. Data 10/14/47

21 Place of Burial, Cremation or Removal. City or Town

DATE OF BURIAL October 16, 1947

22 NAME OF FUNERAL DIRECTOR EASTMAN FUNERAL HOME, INC.  
ADDRESS 836 DEAN ST.

Received and filed 19

OCT 16 1947 (Registrar)

EXTRACTS FROM THE LAWS OF THE  
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GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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DATE OF ENTERING MILITARY SERVICE \_\_\_\_\_

DATE OF DISCHARGE \_\_\_\_\_

RANK, RATING \_\_\_\_\_

ORGANIZATION AND OUTFIT \_\_\_\_\_

SERVICE NUMBER \_\_\_\_\_



PLACE OF DEATH

(County)

Winthrop

(City or town)

No. 167 Shore Drive

2 FULL NAME

Charles Zommer

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

167 Shore Drive

(Usual place of abode)

St.

Winthrop

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months

days.

In this community 5

yrs.

mos.

days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED widowed  
WIDOWED  
or DIVORCED5a If married, widowed or divorced  
HUSBAND of

Fannie Lireff

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8 AGE 75

Years

Months

Days

If less than 1 day

Hours

Minutes

9 Usual  
Occupation:

Tailor

10 Industry  
or Business:

Tailor Shop

11 Social Security No.

12 BIRTHPLACE (City)

(State or Country)

Russia

13 NAME OF  
FATHER

Sam Zommer

14 BIRTHPLACE OF  
FATHER (City)  
(State or Country)

Russia

15 MAIDEN NAME  
OF MOTHER

Sarah (unknown)

16 BIRTHPLACE OF  
MOTHER (City)  
(State or Country)

Russia

17 Informant  
(Address)

Edward Zommer

(Relation, if any)

130 Brainerd Rd Allston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed  
with me BEFORE the burial or transit permit was issued.

Walter J. Baker

(Signature of Agent of Board of Health or other)

Health Officer

(Date of Issue of Permit)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No.

202

St. { (If death occurred in a hospital or institution )  
give its NAME instead of street and number

PHYSICIAN-IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

none

In this community 5

yrs.

mos.

days.

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATH

Oct 13-1947

(Month)

(Day)

(Year)

19

I HEREBY CERTIFY,

That I attended deceased from

, 19

, to

, 19

I last saw him alive on

, 19

, death is said to

have occurred on the date stated above, at

7 P. M.

Duration

Immediate cause of death

IMPORTANT

Natural Causes

Due to

Presumably coronary  
occlusion

Due to

Other conditions

(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations none

Date of

Of autopsy none

What test confirmed diagnosis?

Physician

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.20 Was disease or injury in any way related to occupation of deceased?  
If so, specify

no

(Signed)

(Address)

21

Mt Lebanon Shara Tefilo W. Re

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

October 14

1947

22 NAME OF

FUNERAL DIRECTOR

ADDRESS 1272 Blue Hill Ave. Matt.

Received and Filed

19

OCT 14 1947

(Registrar)

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A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE \_\_\_\_\_

DATE OF DISCHARGE \_\_\_\_\_

RANK, RATING \_\_\_\_\_

ORGANIZATION AND OUTFIT \_\_\_\_\_

SERVICE NUMBER \_\_\_\_\_



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent

Registered No. **203**



1 PLACE OF DEATH  
*Suffolk*  
(County)  
*Winthrop*  
(City or Town)  
*2 S. Main St.*  
No. *2 S. Main St.* St.

2 FULL NAME *Maria De Mais Antesa*  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence. No. *2 S. Main St.* St. *Winthrop*  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution *5* years months days. In this community *5* yrs. mos. days.  
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE (write the word)  
MARRIED *widowed*  
WIDOWED *widowed*  
or DIVORCED

18 DATE OF DEATH *Oct 16, 1947*  
(Month) (Day) (Year)

5a If married, widowed, or divorced  
HUSBAND of *Mario De Mais*  
(Give maiden name of wife in full)  
(or) WIFE of *Mario De Mais*  
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from  
*June*, 19*47*, to *Oct 16*, 19*47*  
I last saw her alive on *Oct 15*, 19*47*, death is said to

6 Age of husband or wife if alive *45* years

have occurred on the date stated above, at *7:49* m. Duration  
Immediate cause of death

7 IF STILLBORN, enter that fact here.

**IMPORTANT**

8 AGE *75* Years *2* Months *0* Days | If less than 1 day  
Hours *0* Minutes

Due to *Time myocarditis* *1940*

9 Occupation: *Housework*

Due to *Diabetes* *1942*  
*Diabetes gangrene left foot*

10 Industry or Business: *—*

Other conditions (Include pregnancy within 3 months of death)

11 Social Security No. *—*

Major findings:  
Of operations

12 BIRTHPLACE (City) *Bari Italy*  
(State or country) *Bari*

Date of *clinical*  
Of autopsy  
What test confirmed diagnosis?

13 NAME OF FATHER *Anthony Antesa*

20 Was disease or injury in any way related to occupation of deceased?  
If so, specify *Yes*  
(Signed) *Josephine Antesa* M. O.  
(Address) *521 Newmarket St. Boston* 19*47*

14 BIRTHPLACE OF FATHER (City) *Bari Italy*  
(State or country) *Bari*

21 *Italy cross, Italian, male*  
Place of Burial, Cremation or Removal (City or Town)

15 MAIDEN NAME OF MOTHER *Maria Mirabello*

DATE OF BURIAL *Oct. 18* 19*47*

16 BIRTHPLACE OF MOTHER (City) *Bari Italy*  
(State or country) *Bari*

17 Informant *Anthony Antesa* Relation, if any *Son*  
(Address) *2 S. Main St. Winthrop*

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:  
*Walter S. Baker*  
(Signature of Agent of Board of Health or other)  
(Official Designation) (Date of Issue of Permit) *10/17/47*

22 NAME OF FUNERAL DIRECTOR *Ernest Caproni*  
ADDRESS *39 Calens St. Boston*

Received and filed *OCT 16 1947* 19

(Registrar)

## RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of homemaker, write housework. For a person engaged in domestic service, for wages, however, designate the occupation by the appropriate terms, as housekeeper, private family, cook—hotel, etc. For a person who had no occupation whatever write none.

### SPACE FOR ADDITIONAL INFORMATION



PLACE OF DEATH  
1Suffolk Co. Boston  
11/2/47  
J. M. [Signature]  
(City or Town)The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 201

No. [Signature] Community Hosp St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Baby (May) [Signature] (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 229 Marwick St. St. [Signature] { (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) 3 hrs. 10 min. years months days In this community yrs. mos. days.

## PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Single5a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. Stillborn

8 AGE Years Months Days 3 Hours 10 Minutes  
If less than 1 day

Usual Occupation:

Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country) [Signature] Mass

13 NAME OF FATHER Francis [Signature]

14 BIRTHPLACE OF FATHER (City) Boston Somerville Mass

(State or country)

15 MAIDEN NAME OF MOTHER Thelma [Signature]

16 BIRTHPLACE OF MOTHER (City) Boston Mass

(State or country)

17 Informant (Address) Francis [Signature] 229 Marwick St. Relation, if any father

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer 10/23/47  
(Official Designation) (Date of Issue of Permit)18 DATE OF DEATH 10 17 1947  
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from  
10-17 1947, to 10-17 1947I last saw him alive on 10-17-1947, death is said to  
have occurred on the date stated above, at 9:30 P. m.

Immediate cause of death

Prematurity - wt 2 lbs 19g

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) J. M. [Signature] M. D.

(Address) 186 [Signature] St. B. Date 10-18 1947

21 Place of Burial, Cremation or Removal [Signature] (City or Town)

DATE OF BURIAL 10-23-1947

22 NAME OF FUNERAL DIRECTOR [Signature]

ADDRESS 9 Chelsea St. Boston

Received and filed OCT 27 1947 19  
(Registrar)

PARENTS

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



Suffolk  
(County)

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

Winthrop  
(City or town making return)

Winthrop  
(City or Town)

STANDARD  
CERTIFICATE OF DEATH

Registrar's Number 205

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution  
give its NAME instead of street and number)

2 FULL NAME Hattie M. Harris  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT  
(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence. No. 10 Beacon St.  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution hospital  
(Before death) (Specify whether)

years months 2 days

In this community 37 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female  
4 COLOR OR RACE white  
5 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED widowed

5a If married, widowed, or divorced  
HUSBAND OF  
(Give maiden name of wife in full)

(or) WIFE OF Chester Harris  
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 65 Years 0 Months 1 Days  
If less than 1 day  
Hours Minutes

Usual  
Occupation: Book keeper

Industry  
10 or Business: First National Stores, Inc.

11 Social Security No. 122-07-2643

12 BIRTHPLACE (City) Peru  
(State or country) Maine

13 NAME OF FATHER Charles Andrews

14 BIRTHPLACE OF FATHER (City) Peru  
(State or country) Maine

15 MAIDEN NAME OF MOTHER Stella Childs

16 BIRTHPLACE OF MOTHER (City) Canton  
(State or country) Maine

17 Informant Mrs. Bertha Monaghan Relation, if any, sister,  
(Address) Box 27 E. Sumner, Maine

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transfer permit was issued:

Walter E. Baker  
(Signature of Agent of Board of Health or other)  
Health Officer (Official Designation) 10/23/47  
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 21 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
Jan. 26 1941 to Oct. 21 1947

I last saw her alive on Oct. 21 1947 death is said to  
have occurred on the date stated above, at 2 p.m.

Immediate cause of death  
Cerebral Hemorrhage 3 days

Due to Arteriosclerosis 6 years

Due to Uremia 1 day

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none Physician

Date of Underline the cause to which death should be charged immediately.  
Of autopsy none

What test confirmed diagnosis? clinical &

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify  
(Signed) Jacob J. Chausse M.D.

(Address) 567 Dudley St. Date 10/23/47

21 Winthrop Cemetery, Winthrop  
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Oct 24, 1947 19

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh  
ADDRESS 174 Winthrop St., Winthrop

Received and filed OCT 27 1947 19

A TRUE COPY ATTEST:

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten

of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same: . . . —General Laws, Chap. 38, Sec. 6.

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4 RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....



1 PLACE OF DEATH Suffolk (County)  
Wentworth (City or Town)  
 No. 72 Main St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jonas H. Murray { **PHYSICIAN-IMPORTANT**  
 (If deceased is a married, widowed or divorced woman, give also maiden name.)  
 (a) Residence. No. 72 Main St. { (Was deceased a U. S. War Veteran, if so specify WAR) NO  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Specify whether) \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days. In this community 10 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days.

The Commonwealth of Massachusetts  
 OFFICE OF THE SECRETARY  
 DIVISION OF VITAL STATISTICS  
**STANDARD  
 CERTIFICATE OF DEATH**

To be filed for burial permit  
 with Board of Health  
 or its Agent. **206**

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX Male  
 4 COLOR OR RACE white  
 5 SINGLE (write the word) MARRIED  
 MARRIED  
 WIDOWED  
 or DIVORCED Married

6a If married, widowed, or divorced HUSBAND of Lucy Cates  
 (Give maiden name of wife in full)  
 (or) WIFE of \_\_\_\_\_  
 (Husband's name in full)

6 Age of husband or wife if alive 65 years  
 7 IF STILLBORN, enter that fact here.

8 AGE 76 Years \_\_\_\_\_ Months \_\_\_\_\_ Days | If less than 1 day  
 Hours \_\_\_\_\_ Minutes \_\_\_\_\_

9 Occupation: Retired custodian  
 Industry or Business: Revere City Hall

11 Social Security No. none

12 BIRTHPLACE (City) Stony Creek  
 (State or country) N.Y.

13 NAME OF FATHER John Murray

14 BIRTHPLACE OF FATHER (City) N.Y.  
 (State or country)

15 MAIDEN NAME OF MOTHER Lucinda Pickett

16 BIRTHPLACE OF MOTHER (City) N.Y.  
 (State or country)

17 Informant Mrs. Lucy Murray Relation, if any Wife  
 (Address) 72 Main St. Wentworth, Mass.

**MEDICAL CERTIFICATE OF DEATH**

18 DATE OF DEATH October 21 1947  
 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from September, 1946, to October 21, 1947  
 I last saw him alive on October 17, 1947, death is said to have occurred on the date stated above, at 3:52 M.

Immediate cause of death Cerebro-vascular accident  
(? Central hemorrhage)  
Generalized arterio-sclerosis  
heart disease

Other conditions arterio-sclerosis  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_

Date of \_\_\_\_\_

Of autopsy \_\_\_\_\_

What test confirmed diagnosis? clinical

20 Was disease or injury in any way related to occupation of deceased? no  
 If so, specify Paul Olivero's  
 (Signed) 138 More St. N.Y., M. D. 10/1, 1947  
 (Address) \_\_\_\_\_ Date \_\_\_\_\_

21 Glenwood Cemetery (City or Town)  
 Place of Burial, Cremation or Removal.  
 DATE OF BURIAL October 24 1947

22 NAME OF FUNERAL DIRECTOR Edith M. Merewin  
 ADDRESS 305 Beach St. Revere, Mass.

Received and filed. OCT 27 1947 19\_\_\_\_\_  
 (Registrar)

I was filed with me BEFORE the burial or transit permit was issued:  
 I HEREBY CERTIFY that a satisfactory standard certificate of death  
Walter L. Baker  
 (Signature of Agent of Board of Health or other Health Officer) 10/23/47  
 (Official Designation) (Date of Issue of Permit)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and four-teen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION



See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, require physicians to insert a recital to that effect.

100m. (g.) 1-45-15510

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 207

1 PLACE OF DEATH  
SUFFOLK (County)  
WINTHROP (City or Town)  
No. WINTHROP COMMUNITY HOSP.



2 FULL NAME (FEMALE) BARRY  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 13A NAVAL TERRACE St. NORTH QUINCY  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp years months 3 days. In this community yrs. mos. days.  
(Before death) (Specify whether)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) NO

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE (write the word)  
MARRIED WIDOWED SINGLE  
or DIVORCED

5a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. STILLBORN

8 AGE Years Months Days If less than 1 day Hours Minutes

9 Occupation: NONE

10 Industry or Business: NONE

11 Social Security No. NONE

12 BIRTHPLACE (City) WINTHROP,  
(State or country) MASS.

13 NAME OF FATHER ROBERT D. BARRY

14 BIRTHPLACE OF FATHER (City) BOSTON  
(State or country) MASS.

15 MAIDEN NAME OF MOTHER MARJORIE BELCHER

16 BIRTHPLACE OF MOTHER (City) WINTHROP  
(State or country) MASS.

17 Informant ROBERT D. BARRY (FATHER)  
(Address) 13A NAVAL TER. NORTH QUINCY

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or cremation permit was issued:

(Signature of Agent or Board of Health or other)  
Health Officer 10/27/77  
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH OCT 25, 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
19... to 19...

I last saw h... alive on... 19... death is said to  
have occurred on the date stated above, at... m.

Immediate cause of death... Duration

FETAL DEATH IN UTERO IMPORTANT 3 days

Due to...

Due to...

Other conditions... (Include pregnancy within 3 months of death) IMPORTANT

Major findings: Of operations Physician

Date of...

Of autopsy Underline the cause to which death should be charged statistically

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Maudie O. Belcher M. D.  
(Address) 311 Commercial St. Boston Date 10/25 1947

21 ST. MICHAEL'S CHURCH BOSTON  
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL OCTOBER 27 1947

22 NAME OF FUNERAL DIRECTOR RICHARD C. KIRBY  
ADDRESS 12 BENNINGTON ST. BOSTON

Received and filed OCT 27 1947

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING


ORGANIZATION AND OUTFIT

SERVICE NUMBER



on back of certificate.  
If deceased was a U. S. War Veteran, G. L., Chap. 48, Sec. 10, requires physicians to insert a recital to that effect.

100m-(c)-3-46-18278

Suffolk (County)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Winthrop (City or town making return)	
PLACE OF DEATH 1	Winthrop (City or Town)			STANDARD CERTIFICATE OF DEATH	
	No. 195 Lincoln St.			Registrar's Number 208	
2 FULL NAME Mary(Roberts) Ames (If deceased is a married, widowed or divorced woman, give also maiden name.)		{ (If death occurred in a hospital or institution give its NAME instead of street and number)			
(a) Residence. No. 195 Lincoln St. (Usual place of abode)		St.		PHYSICIAN—IMPORTANT { (Was deceased a U. S. War Veteran, if so specify WAR) No.	
Length of stay: In hospital or institution (Before death)		years	months	days	In this community 21 years months days
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX female	4 COLOR OR RACE white	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED married			
5a If married, widowed, or divorced HUSBAND OF (Give maiden name of wife in full) (or) WIFE OF Arthur Albert Ames (Husband's name in full)					
6 Age of husband or wife if alive 73 years					
7 IF STILLBORN, enter that fact here.					
8 AGE 71 Years 5 Months 12 Days If less than 1 day Hours Minutes					
Usual Occupation: at home					
Industry or Business:					
11 Social Security No. none					
12 BIRTHPLACE (City) (State or country) Ruthin Wales					
13 NAME OF FATHER John Roberts					
14 BIRTHPLACE OF FATHER (City) (State or country) Ruthin Wales					
15 MAIDEN NAME OF MOTHER Grace Jones					
16 BIRTHPLACE OF MOTHER (City) (State or country) Ruthin Wales					
17 Informant Mrs. Harry Chase (daughter) (Address) 12 Centre St. Winthrop I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued: Walter H. Barker (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 10/28/47 (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH. October 26 1947 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from Sept. 30 1947, to Oct. 26 1947 I last saw her alive on Oct. 26 1947, death is said to have occurred on the date stated above, at 4:40 P. M. Immediate cause of death Myocardial Infarction Due to Generalized atherosclerosis Due to senility Other conditions (Include pregnancy within 3 months of death) Major findings: Of operations Date of Of autopsy What test confirmed diagnosis?					
Duration Important yes					
Physician Underline the cause to which death should be charged statistically.					
20 Was disease or injury in any way related to occupation of deceased? No If so, specify (Signed) Joseph Gregorie M.D. (Address) 200 Wash. Ave. Date Oct. 27 1947					
21 Winthrop Cemetery Winthrop Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL October 28, 1947 19					
22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh ADDRESS 174 Winthrop St., Winthrop					
Received and filed OCT 29 1947 (Registrar)					
A TRUE COPY ATTEST:					

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE  
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten

of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. **209**

1 PLACE OF DEATH  
**Suffolk**  
(County)  
**Winthrop**  
(City or Town)  
No. **272 River Road**

SL (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME **William P. Dwyer**  
(If deceased is a married, widowed or divorced woman, give also maiden name.)  
(a) Residence, No. **272 River Road Winthrop** St. **no**  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years ..... months ..... days. In this community **13** yrs. mos. days.  
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE (write the word)  
MARRIED **Single**  
WIDOWED  
or DIVORCED

5a If married, widowed, or divorced  
HUSBAND of .....  
(Give maiden name of wife in full)  
(or) WIFE of .....  
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE **42** Years ..... Months ..... Days | If less than 1 day  
Hours ..... Minutes

Usual Occupation: **Steward**

Industry or Business: **Club**

11 Social Security No. **022-05-8702**

12 BIRTHPLACE (City) **Boston, Mass.**  
(State or country)

13 NAME OF FATHER **Patrick Dwyer**

14 BIRTHPLACE OF FATHER (City) **Ireland**  
(State or country)

15 MAIDEN NAME OF MOTHER **Alice Lonahue**

16 BIRTHPLACE OF MOTHER (City) **Boston, Mass.**  
(State or country)

17 Informant (Address) **Mrs. William Callahan (sister)**  
**1444 Lexington Avenue**  
**Waltham, Mass.**

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

**Walter A. Baker**  
(Signature of Agent of Board of Health or other)

**Health Officer** **10/26/47**  
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **October 26, 1947**  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
**Oct. 25, 1947, to Oct. 26, 1947**

I last saw him alive on **Oct. 26, 1947** death is said to  
have occurred on the date stated above, at **3:50 p.m.**

Immediate cause of death: **acute cardiac dilatation** Duration

Due to **arteriosclerosis of liver** **IMPORTANT**  
**cirrhosis** **20 yrs**

Due to

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

What test confirmed diagnosis?

Physician Underline the cause to which death should be charged statistically.

Date of

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? **No**  
If so, specify

(Signed) **Joseph J. Grogan** M. D.

(Address) **200 Wash. Ave.** Date **Oct. 27, 1947**

21 **Calvary Cemetery Boston**  
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL **October 29, 1947**

22 NAME OF FUNERAL DIRECTOR **Trinity Bros.**

ADDRESS **Winthrop, Mass.**

Received and filed **OCT 29 1947**

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

No. 275 Main Street



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No.

210

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME **Carrie Estelle (Somerby) Duston**  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence, No. **275 Main Street**  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years ..... months ..... days. In this community **59** yrs. mos. days.  
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word)  
MARRIED  
WIDOWED **Widow**  
or DIVORCED

5a If married, widowed, or divorced  
HUSBAND of **Charles A. Duston**  
(or) WIFE of **Charles A. Duston**  
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 If STILLBORN, enter that fact here.

8 AGE **87** Years **10** Months **1** Days | If less than 1 day  
Hours ..... Minutes

9 Usual Occupation: **House wife**

10 Industry or Business: **At Home**

11 Social Security No. **None**

12 BIRTHPLACE (City) **Ellisworth**  
(State or country) **Maine**

13 NAME OF FATHER **Augustus T. Somerby**

14 BIRTHPLACE OF FATHER (City) **Unable to obtain**  
(State or country)

15 MAIDEN NAME OF MOTHER **Frances E Murch**

16 BIRTHPLACE OF MOTHER (City) **Unable to obtain**  
(State or country)

17 Informant **Harry Duston** (Son, if any)  
(Address) **275 Main St. Winthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

**Walter A. Baker**  
(Signature of Agent of Board of Health or other)

**Health Officer** 10/29/47  
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **October 27, 1947**  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
....., 19....., to....., 19.....

I last saw him alive on....., 19....., death is said to  
have occurred on the date stated above, at **10:45 A. M.**

Immediate cause of death..... Duration

**Uremia** **2 wks**

Due to **Chronic Nephritis** **years**

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations..... Physician

Of autopsy..... Underline the cause to which death should be charged statistically

What test confirmed diagnosis? **Clinical**

20 Was disease or injury in any way related to occupation of deceased? **no**  
If so, specify..... M. D.

(Signed) **Arthur C. Baker** (Address) **Winthrop Board of Health** Date **Oct 27 1947**

21 **Winthrop** **Winthrop**  
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL **Oct. 29** 19**47**

22 NAME OF FUNERAL DIRECTOR **Stewart S. Arnold**

ADDRESS **Winthrop, Me.**

Received and filed **OCT 31 1947** 19

(Registrar)

**EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE**

**RETURN OF CERTIFICATES OF DEATH**

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**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE \_\_\_\_\_

DATE OF DISCHARGE \_\_\_\_\_

RANK, RATING \_\_\_\_\_

ORGANIZATION AND OUTFIT \_\_\_\_\_

SERVICE NUMBER \_\_\_\_\_



PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		To be filed for burial permit with Board of Health or its Agent.	
1 <u>Suffolk</u> (County) <u>Winthrop</u> (City or Town)		Registered No. <u>211</u>			
No. <u>87 Woodside Ave.</u>		St. { (If death occurred in a hospital or institution, give its NAME instead of street and number.)			
2 FULL NAME (If deceased is a married, widowed or divorced woman, give also maiden name.) <u>John H. Abely</u>		PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran if so specify WAR) <u>None</u>			
(a) Residence. No. <u>87 Woodside Ave.</u> (Usual place of abode)		St. (If nonresident, give city or town and State)			
Length of stay: In hospital or institution (Before death) _____ years _____ months _____ days.		In this community <u>25</u> yrs. _____ mos. _____ days.			
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE (write the word) MARRIED WIDOWED OR DIVORCED <u>Married</u>	18 DATE OF DEATH <u>October 28 1947</u> (Month) (Day) (Year)		
5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) <u>Ellen F. Riley</u> (or) WIFE of (Husband's name in full)			19 I HEREBY CERTIFY, That I attended deceased from <u>Sept. 13 1947</u> to <u>Oct 28 1947</u> I last saw him alive on <u>Oct. 27 1947</u> , death is said to have occurred on the date stated above, at <u>9:00 A m.</u>		
6 Age of husband or wife if alive <u>68 yrs.</u> years			Immediate cause of death <u>Bronchopneumonia</u> <u>Cerebral thrombosis</u> Due to Due to Other conditions _____ (Include pregnancy within 3 months of death)		
7 IF STILLBORN, enter that fact here.			Duration <u>1 day</u> <u>1 week</u> IMPORTANT		
8 AGE <u>74</u> Years _____ Months _____ Days _____ It less than 1 day Hours _____ Minutes _____			Major findings: Of operations _____ Date of _____		
9 Usual Occupation: <u>Retired</u>			Of autopsy _____		
10 Industry or Business: <u>Advertising</u>			What test confirmed diagnosis? <u>Clinical</u>		
11 Social Security No. _____			20 Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____		
12 BIRTHPLACE (City) (State or Country) <u>Salem, Mass.</u>			(Signed) <u>Arthur G. Murray</u> M D (Address) <u>Winthrop, Mass.</u> Date <u>Oct 28 1947</u>		
PARENTS	13 NAME OF FATHER <u>George T. Abely</u>		21 <u>Winthrop</u> Place of Burial, Cremation or Removal (City or Town)		
	14 BIRTHPLACE OF FATHER (City) (State or Country) <u>Boston, Mass.</u>		DATE OF BURIAL <u>Oct. 30 1947</u>		
	15 MAIDEN NAME OF MOTHER <u>Johanna Driscoll</u>		22 NAME OF FUNERAL DIRECTOR <u>Michael J. Cappano</u>		
	16 BIRTHPLACE OF MOTHER (City) (State or Country) <u>Boston, Mass.</u>		ADDRESS <u>978 Santa Ana St. E. Boston</u>		
17 Informant (Address) <u>Mr. Ellen T. Abely (Rel. wife any)</u> <u>87 Woodside Ave. Winthrop</u>			Received and Filed <u>OCT 31 1947</u> 19		
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued <u>Walter H. Bakley</u> (Signature of Agent of Board of Health or other Health Officer) (Date of Issue of Permit) <u>10/29/47</u>			(Registrar)		

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



on back of certificate.  
If deceased was a U. S. War Veteran, G. L., Chap. 48, Sec. 10, requires physicians to insert a recital to that effect.

100m-(r)-3-46-18278

PLACE OF DEATH

Suffolk  
(County)

Winthrop  
(City or Town)

No. 87 Upland Road



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Winthrop  
(City or town making return)

Registrar's Number

212

St. (If death occurred in a hospital or institution  
give its NAME instead of street and number)

2 FULL NAME. Angie Lena (Fifield) Young  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT  
(Was deceased a  
U. S. War Veteran,  
if so specify WAR) NO

(a) Residence. No. 87 Upland Road  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) years months days. In this community 30 years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female  
4 COLOR OR RACE white  
5 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED widowed

5a If married, widowed, or divorced  
HUSBAND OF (Give maiden name of wife in full)  
(or) WIFE OF William S. Young  
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 83 Years 10 Months 6 Days  
If less than 1 day  
Hours Minutes

Usual  
9 Occupation: At home

Industry  
10 or Business: none

11 Social Security No. none

12 BIRTHPLACE (City)  
(State or country) Stonington  
Maine

13 NAME OF  
FATHER John Fifield

14 BIRTHPLACE OF  
FATHER (City) Stonington  
(State or country) Maine

15 MAIDEN NAME  
OF MOTHER Sarah Tyler

16 BIRTHPLACE OF  
MOTHER (City) Chelsea  
(State or country) Mass.

17 Informant Mrs. Jessie C. Hawthorne nee  
(Address) 87 Upland Road, Winthrop  
Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transfer permit was issued.

(Signature of Agent of Health or other)

H. O. (Official Designation)

205-1/1947 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATH October 30, 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
Oct 15, 1947, to Oct 30, 1947.  
I last saw her alive on Oct 29, 1947, death is said to  
have occurred on the date stated above, at 1:55 P. M.

Immediate cause of death

Hypostatic pneumonia  
Generalized Arterio Sclerosis  
Due to Cerebral Hemorrhage

Duration  
Important

3 days/  
10 years!  
from  
Sept 22, 47.

Due to

Other conditions none  
(Include pregnancy within 3 months of death)

Important

Major findings:  
Of operations none

Physician

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

Date of

Of autopsy none

What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased? No.

If so, specify  
(Signed) Jessie W. Wilkinson M.D.  
(Address) Winthrop, Mass Date Oct 31, 1947.

21 Woodlawn Cemetery, Everett  
Place of Burial. Cremation or Removal. (City or Town)

DATE OF BURIAL Nov. 1, 1947 19

22 NAME OF  
FUNERAL DIRECTOR Alfred B. Marsh  
ADDRESS 174 Winthrop St, Winthrop

Received and filed NOV 6 1947

19

(Registrar)

A TRUE COPY ATTEST:

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE  
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....



STANDARD CERTIFICATE OF DEATH  
PENNSYLVANIA

State File No. 22533  
Registrar's No. 213

State of \_\_\_\_\_

1. PLACE OF DEATH:

(a) County DELAWARE  
(b) City or town DARBY  
(If outside city or town limits, write RURAL)

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

In this community  
years, months or days

(Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Mass (b) County Suffolk  
(c) City or town Winthrop  
(If outside city or town limits, write RURAL)

(d) Street No. 34 Sunnyside Ave.  
(If rural, give location)

(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) FULL NAME Francis David Cyr.

3. (b) If veteran,  
name war \_\_\_\_\_

3. (c) Social Security  
No. 030-09-8456

4. Sex m Color or  
race w

6. (a) Single, widowed, married  
divorced wid

6. (b) Name of husband or wife  
Helen O' Brian

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Birth date of deceased att.  
(Month) (Day) (Year)

16-1896  
(Month) (Day) (Year)

8. AGE: Years Months Days  
50 4 19  
If less than one day  
-hr. \_\_\_\_\_ min.

9. Birthplace Mass.  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Stocks + Bonds

12. Name Joseph I Cyr

13. Birthplace Canada  
(City, town, or county) (State or foreign country)

14. Maiden name Rose Anna  
(City, town, or county) (State or foreign country)

15. Birthplace Mass  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Francis Ray

(b) Address 100 Sunnyside Ave. Winthrop

17. (a) Burial (b) Date thereof 3-11-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation Winthrop, Mass

18. (a) Signature of funeral director Chas. H. Bruner

(b) Address 920 Main St. All.

19. (a) 3-7-47 (b) Sallie H. French  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Mar. day 7  
year 1947 hour 5 minute Pm

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public  
place? \_\_\_\_\_  
(Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Cor. (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_





In State

making return)

214

State Board of Health  
Bureau of Vital Statistics

## CERTIFICATE OF NON RESIDENT

State File No. 6294  
Registrar's No. 73

## PLACE OF DEATH:

1. County Manatee District No. 30-04  
 2. Precinct (Write name, not number) Precinct No. \_\_\_\_\_  
 3. City or Town Bradenton City or Town No. 30-51  
 4. Name of hospital or institution Bradenton General  
 (If not in hospital or institution, write street number or location)  
 5. Length of stay: In hospital or institution few hrs.  
 6. Place of death 3 months  
 (Specify whether years, months or days)

## 2. USUAL RESIDENCE OF DECEASED

(a) State Mass. (b) County \_\_\_\_\_  
 (c) City or Town Winthrop  
 (If outside city or town limits, write RURAL)  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of Foreign country? No  
 20 If yes, name country \_\_\_\_\_

## 3. FULL NAME OF DECEASED

1. Name John W. Herbert  
 2. (a) If veteran, name was No  
 3. (b) Social Security No. None  
 4. Sex Male 5. Color or race White  
 6. Single, married, widowed or divorced Married  
 7. (a) If married, widowed or divorced, husband of (or) wife of Mary E. Crickley  
 8. (b) Age of husband or wife, if alive 75 years  
 9. Birth date of deceased Nov 3 1872  
 (month) (day) (year)  
 10. Age: Years 74 Months 4 Days 25  
 If less than one day hrs. min.

## MEDICAL CERTIFICATION

20. Date of Death: Month March Day 28  
 Year 1947 Hour 1 Minute 40 P.M.

21. I hereby certify that I attended the deceased from  
March 28 1947 To March 28 1947;  
 that I last saw him alive on March 28 1947; and  
 that death occurred on the date and hour stated above.

Immediate cause of death Crossing thrombosis Duration 3 hours

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: of operations

(Give date of operation)

of autopsy

Underline the cause to which death should be charged statistically.

11. Birthplace Boston Mass.  
 (City, town or county) (State or foreign country)

12. Usual occupation Sgt. Standard Oil Co.

13. Industry or business

14. Name James Herbert

15. Birthplace Boston Mass.

16. Maiden name Catherine Flynn

17. Birthplace Boston Mass.

18. Informant's Signature Mrs. J. W. Herbert

(a) Address Winthrop, Mass.

19. Burial, cremation or removal? Removal

(a) Date 3/30/47

17 (b) Place Winthrop

20. Funeral Director's Signature C. R. Shanon

(a) Address Bradenton, Fla.

21. Date 3/29/47 Aspirin

Local Registrar

## 22. If death was due to external causes, fill in the following:

(a) (Probably) Accident, suicide, homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work?

(e) Cause of injury

(a) Address Bradenton Date Signed 3-29-47

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

19

Received and filed

NOV 25 1947

19

(Registrar of City or Town where deceased resided)

السرقة



## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSCOPY OF  
CERTIFICATE OF DEATH

(City or town making return)

Registered No.

215

PLACE OF DEATH

(County)

(City or Town)

No.

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

JOHN VINCENT O'DONNELL

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran, specify WAR)

(a) Residence

(Usual

Length of stay: In

(P

PERSON

3 SEX

4

44

5a If married, widowed or

(or) WIFE of

6 Age of husband

7 IF STILLBORN,

8 AGE.....Years.....

9 Occupation:

10 or Business:

11 Social Security

12 BIRTHPLACE (State or country)

13 NAME OF FATHER

14 BIRTHPLACE FATHER (State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE MOTHER (State or country)

17 Informant (Address)

A TRUE COPY.

ATTEST:

DATE FILED

DO NOT WRITE IN SPACES BELOW

## PLACE OF DEATH

County

Township

City or Borough

Name of Hospital or Institution

(If not in hospital or institution write street number or location)

Length of Stay

In this Community

Kindly Type or Print

FULL NAME

(Surname last, first name here)

IF VETERAN, NAME WAR

SEX

COLOR OR RACE

Single, Married, Widowed or Divorced (twice the word)

If married, widowed or divorced

HUSBAND OF (One full maiden name)

(or) WIFE OF

BIRTH DATE OF DECEASED (Month, day and year)

AGE

Years

Months

Days

If Less Than

One Day

Mia.

BIRTHPLACE (City or town)

(State or country)

USUAL OCCUPATION

Industry or business

NAME

BIRTHPLACE (City or town)

(State or country)

MAIDEN NAME

BIRTHPLACE (City or town)

(State or country)

SIGNATURE OF INFORMANT

PLACE OF BURIAL

Cremation or Burial

DATE

FUNERAL DIRECTOR

(Address)

RECEIVED

May 26, 1947

Local Registrar

## NEW JERSEY DEPARTMENT OF HEALTH—BUREAU OF VITAL STATISTICS

Registrar's No.

## FORMER OR USUAL RESIDENCE

State

County

City or Borough

Street No.

Citizen of

foreign country?

country

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22 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed

NOV 25 1947

19

(Registrar of City or Town where deceased resided)

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## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSCOPY OF  
CERTIFICATE OF DEATH

Lynn

(City or town making return)

Registered No. 86216



PLACE OF DEATH

Essex

(County)

Lynn

(City or Town)

No. 94 Franklin

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Martha W. Berry (Kendall)  
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence No. 96 Bartlett Rd.  
(Usual place of abode)St. Winthrop, Mass.  
(If nonresident, give city or town and State)Length of stay: In hospital or institution -- years months days. In this community 50 yrs. mos. days.  
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

5a If married, widowed, or divorced HUSBAND of

(or) WIFE of Joseph W. Berry  
(Give maiden name of wife in full)  
(Husband's name in full)

6 Age of husband or wife if alive 83 years

7 IF STILLBORN, enter that fact here.

8 AGE 77 Years 5 Months 13 Days | If less than 1 day  
Hours Minutes

Usual Occupation: Housewife

Industry or Business: own home

11 Social Security No. none  
Boston12 BIRTHPLACE (City) Boston  
(State or country) Mass.

13 NAME OF FATHER George Kendall

14 BIRTHPLACE OF FATHER (City) London  
(State or country) England

15 MAIDEN NAME OF MOTHER Mary A. Riley

16 BIRTHPLACE OF MOTHER (City) England  
(State or country)17 Informant Joseph S. Berry (son, if any)  
(Address) 38 Lowell Rd., Winthrop

A TRUE COPY.

ATTEST: Albert S. Reynolds  
(Registrar of city or town where death occurred)

DATE FILED Sept. 17, 1947

18 DATE OF DEATH August 15, 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 11/30, 1946, to 8/15, 1947

I last saw her alive on 8/15, 1947, death is said to have occurred on the date stated above, at 8:45 p.m.

Immediate cause of death Chr. der. myocarditis &amp; decomp. 10yrs.

Due to Gen. arteriosclerosis 15yrs.

Due to

Other conditions Paralysis agitans 12yrs.  
(Include pregnancy within 3 months of death) PhysicianMajor findings: Underline the cause to which death should be charged statistically.  
Of operations Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Edmund A. Jannino, M. D.  
(Address) 181 N. Common St. Date 8/15 194721 PLACE OF BURIAL, Winthrop, Winthrop  
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL August 18, 1947

22 NAME OF DIRECTOR Howard S. Reynolds  
ADDRESS Winthrop, Mass.

Received and filed DEC 2 1947 19

(Registrar of City or Town where deceased resided)





## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSCOPY OF  
CERTIFICATE OF DEATHLynn  
(City or town making return)

Registered No. 909 217

PLACE OF DEATH  
1 { Essex  
(County)  
Lynn  
(City or Town)  
No. Lynn Hospital



St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Chester E. Donaghy  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.  
War Veteran,  
specify WAR) no

(a) Residence. No. 45 Pleasant  
(Usual place of abode)

St. Winthrop  
(If nonresident, give city or town and State)

Length of stay: In hospital or institution hosp. years months 1 days. In this community yrs. mos. 1 days.  
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Widowed

18 DATE OF DEATH Aug. 30, 1947  
(Month) (Day) (Year)

5a If married, widowed, or divorced  
HUSBAND of Verna Nichols  
(Give maiden name of wife in full)  
(or) WIFE of  
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from  
Aug. 29, 1947, to Aug. 30, 1947  
I last saw him alive on Aug. 30, 1947, death is said to  
have occurred on the date stated above, at 10:30a.m.

Duration

6 Age of husband or wife if alive years

Immediate cause of death  
Circulatory failure 1 day

7 IF STILLBORN, enter that fact here.

8 AGE 53 Years 5 Months 28 Days | If less than 1 day  
Hours Minutes

Due to Infection (organism  
unknown)

Usual  
9 Occupation: Auditor

Due to

Industry  
10 or Business: S.O.C.O., N.Y.

11 Social Security No. 087-09-2472

12 BIRTHPLACE (City)  
(State or country) Lynn  
Mass.

Other conditions Arteriosclerosis unknown  
(Include pregnancy within 3 months of death) Physician

13 NAME OF FATHER Elijah Donaghy

Major findings:  
Of operations

14 BIRTHPLACE OF FATHER (City)  
(State or country) Canada

Date of  
Of autopsy Visceral congestion of blood charged statistically.

15 MAIDEN NAME OF MOTHER Annie Briggs

What test confirmed diagnosis? white blood count.

16 BIRTHPLACE OF MOTHER (City)  
(State or country) Canada

20 Was disease or injury in any way related to occupation of deceased?  
If so, specify

17 Informant Ethel F. Allen (sister, if any)  
(Address) 16 Springvale Ave., Lynn

(Signed) William M. Leyton M. D.  
(Address) 381 Broadway Date 9/1 1947

21 PLACE OF BURIAL, CREMATION OR REMOVAL Waterside Cem., Woburn  
(Cemetery) Woburn

DATE OF BURIAL Sept. 3, 1947

A TRUE COPY.  
ATTEST: [Signature]  
(Registrar of city or town where death occurred)

22 NAME OF FUNERAL DIRECTOR Wm. C. Goodrich  
ADDRESS 128 Washington St., Lynn

DATE FILED Sept. 17, 1947

Received and filed DEC 2 1947 19  
(Registrar of City or Town where deceased resided)





# STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

218

State of New Hampshire

## 1. PLACE OF DEATH:

(a) County Carroll  
(b) City or town Bartlett  
(If outside city or town limits, write RURAL)  
(c) Name of hospital or institution:  
Bartlett Village  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 3 weeks  
years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mass. (b) County Suffolk  
(c) City or town Winthrop  
(If outside city or town limits, write RURAL)  
(d) Street No. 39 Coral Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) FULL NAME Michael J. Connolly

3. (b) If veteran,  
name war \_\_\_\_\_

3. (c) Social Security  
No. \_\_\_\_\_

4. Sex Male race white

5. Color or

6. (a) Single, widowed, married,  
divorced Widowed

6. (b) Name of husband or wife  
Margaret E. Driscoll

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

MEDICAL CERTIFICATION  
20. Date of death: Month Sept. day 5  
year 1947 hour 12 minute 30 A.M.  
21. I hereby certify that I attended the deceased from  
Aug 28, 19 47 to Sept. 5, 19 47  
that I last saw him alive on Sept. 4, 19 47  
and that death occurred on the date and hour stated above.

7. Birth date of deceased Sept. 16, 1966  
(Month) (Day) (Year)

Immediate cause of death  
Cardiac Failure Code 200A

8. AGE: Years Months Days If less than one day  
80 11 19 hr. min

Due to

9. Birthplace Boston, Mass.  
(City, town, or county) (State or foreign country)

Due to

10. Usual occupation Rigger

11. Industry or business

Other conditions  
(Include pregnancy within 3 months of death)

12. Name John Connolly

13. Birthplace Ireland  
(City, town, or county)

(State or foreign country)

14. Maiden name Margaret

15. Birthplace Ireland  
(City, town, or county)

(State or foreign country)

Major findings:  
Of operations

Of autopsy

16. (a) Informant's own signature Frank H. Connolly

(b) Address 39 Coral Ave. Winthrop, Mass.

17. (a) Burial (b) Date thereof 9/8/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation Malden, Mass.  
Holy Cross Cemetery

18. (a) Signature of funeral director Arthur H. Furber

(b) Address North Conway, N. H.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)  
(e) Means of injury

19. (a) 9/8/47 (b) Fred L. Garland  
(Date received local registrar) (Registrar's signature)

23. Signature John A. Twaddle MD (M. D. or other)

Address Glen, N. H.

Date signed 9/5/47

DEC 1 1947

DEC 1 1947

47  
1947

1881



DEC-14-1881



SUFFOLK

BOSTON



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

BOSTON

(City or town making return)

COPY OF  
CERTIFICATE OF DEATH

Registered No. 8219

PLACE OF DEATH

1

(City or Town)

No. Boston Psychopathic Hosp St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alfonzo Sanden  
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.  
War Veteran,  
specify WAR) no(a) Residence, No. 20 Crescent St. Winthrop  
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In hospital or Institution hosp years 1 months days In this community yrs. mos. 30 days  
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE Col. 5 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Single5a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 4 1/2 Years 10 Months 4 Days If less than 1 day  
Hours MinutesUsual  
9 Occupation: CleanserIndustry  
10 or Business: Pullman Co

11 Social Security No. unknown

12 BIRTHPLACE (City) Charleston SC  
(State or country)

13 NAME OF FATHER John A Sanden

14 BIRTHPLACE OF FATHER (City) SC  
(State or country)

15 MAIDEN NAME OF MOTHER Perolee Logan

16 BIRTHPLACE OF MOTHER (City) SC  
(State or country)17 Hosp Records (Relation, if any)  
Informant (Address)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED 10/15/47 19

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 11/47  
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from 9/11/47, 19, to 10/11/47, 19  
I last saw him alive on 10/11/47, 19, death is said to have occurred on the date stated above, at 9 45a m.Immediate cause of death: cerebral infarct-right 3 wks  
terminal cardiac failure 3 daDue to  
Due toOther conditions:  
(Include pregnancy within 3 months of death)Major findings: bilateral prefrontal  
Of operations: lobotomy Date of 9/22/47

Of autopsy 10/11/47

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) HJ DeShon M. D.  
(Address) 74 Fenwood Rd Date 10/11/4721 PLACE OF BURIAL MT Hope - Boston  
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL 10/14/47 19

22 NAME OF FUNERAL DIRECTOR N G Davis  
ADDRESS Boston

Received and filed 19

(Registrar of City or Town where deceased resided)

Copies of records of deaths should be made, forthwith, and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)





Copies of returns of deaths recorded during the previous month which occurred in your city or town at the time of death should be made forthwith and transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 13, G. L.)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
COPY OF  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 9051220

PLACE OF DEATH

SUFFOLK  
(County)  
BOSTON



(City or Town)

No. 818 Harrison Ave.

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Abraham Klier

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 7 Wave Way Ave.

(Usual place of abode)

Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years ..... months ..... days. In this community yrs. mos. 1 days.  
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word) MARRIED Married WIDOWED or DIVORCED

5a If married, widowed, or divorced HUSBAND of Regina Mochedlover  
(Give maiden name of wife in full)

(or) WIFE of  
(Husband's name in full)

6 Age of husband or wife if alive 60 years

7 IF STILLBORN, enter that fact here.

8 AGE 60 Years Months Days If less than 1 day Hours Minutes

Usual Occupation: Leather Worker

Industry or Business: Repairer of Notions

11 Social Security No. -----

12 BIRTHPLACE (City) Russia  
(State or country)

13 NAME OF FATHER Rubin Klier

14 BIRTHPLACE OF FATHER (City) Russia  
(State or country)

15 MAIDEN NAME OF MOTHER Zlateh -----

16 BIRTHPLACE OF MOTHER (City) Russia  
(State or country)

17 Informant Dr. Jacob Wallace (Address) Relation In-Law

A TRUE COPY Attest: [Signature] (Registrar of city or town where death occurred)

DATE FILED Oct. 21/47 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct/17/47  
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)  
Coronary sclerosis treated therefor

20 Accident, suicide, or homicide (specify) .....  
Date of occurrence 19

Where did Injury occur? .....  
(City or town and State)

Did Injury occur in or about the home, on farm, in industrial place, or in public place? .....  
(Specify type of place)

Manner of Injury Collapsed at place of business

Nature of Injury .....  
While at work? Was there an autopsy? No

21 Was disease or Injury in any way related to occupation of deceased? .....  
If so, specify Timothy Leary  
(Signed) (Address) Date 10-17-47 M.D.

22 Place of Burial, Cremation or Removal Pultusker Cem-West Rox. (City or Town)  
DATE OF BURIAL Oct. 19/47 19

23 NAME OF FUNERAL DIRECTOR L Levine  
ADDRESS Brookline Mass.

Received and filed 19  
NOV 1 1947  
(Registrar of City or Town where deceased resided)





## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

Boston

(City or town making return)

COPY OF  
CERTIFICATE OF DEATH

Registered No.

9951

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Jewish Memorial Hospt

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME

Benjamin Boiarsky

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

10 Wave Way Ave.

St.

Winthrop Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

years

months 18 days

In this community

yrs.

mos. 18 days

(Before death)

(Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

5a If married, widowed, or divorced HUSBAND of

Rose Lurensky

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

60

years

7 IF STILLBORN, enter that fact here.

8

AGE 64 Years Months Days

If less than 1 day

Hours Minutes

Usual

9 Occupation:

Tailor

Industry

10 or Business:

Z &amp; C Clothing Co.

11 Social Security No.

Cannot be learned

12 BIRTHPLACE (City)

Russia

(State or country)

PARENTS

13 NAME OF FATHER

Samuel Boiarsky

14 BIRTHPLACE OF FATHER (City)

Russia

(State or country)

15 MAIDEN NAME OF MOTHER

Cannot be learned

16 BIRTHPLACE OF MOTHER (City)

Russia

(State or country)

17 Informant (Address)

Dr Samuel H. Boyer if any  
Correct Name Son

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Oct. 21/47

19

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Oct. 18/47

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Sept. 30

1947

to

Oct. 18/47

1947

I last saw him alive on Oct. 18/47 at 5:45 AM death is said to

have occurred on the date stated above, at 5:45 AM m.

Duration

Immediate cause of death

Broncho Pneumonia

2 Days

Due to Epidermoid carcinoma  
of the larynx

1 Yr.

6 Mos.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Total laryngectomy  
Of operations

Date of June 1946

Of autopsy

Clinical

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

R M Phillips

(Signed)

(Address) Boston Mass

Date 10-18-1947

21 PLACE OF BURIAL, Kenesseth Israel-Woburn Mass.

CREMATION OR REMOVAL

(Cemetery)

(City or Town)

DATE OF BURIAL

Oct. 19/47

19

22 NAME OF FUNERAL DIRECTOR

B. Birnbach  
Dorchester Mass.

Received and filed

19

(Registrar of City or Town where deceased resided)





## The Commonwealth of Massachusetts

Boston

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF  
CERTIFICATE OF DEATH

Registered No. 9417 222

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Mass. General Hospital

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)2 FULL NAME Patrick Sloan  
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (If U. S.  
War Veteran,  
specify WAR)(a) Residence, No. 18 Pleasant Park Road St. Winthrop Mass.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution years months 22 days. In this community yrs. moe. 22 days.  
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word)  
MARRIED Married  
WIDOWED  
OR DIVORCED5a If married, widowed, or divorced Mary Henry  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 60 years

7 IF STILLBORN, enter that fact here.

8 AGE 66 Years Months Days If less than 1 day  
Hours MinutesUsual  
9 Occupation: PainterIndustry  
10 or Business: Building Construction

11 Social Security No. 011-03-6097

12 BIRTHPLACE (City) Ireland  
(State or country)

13 NAME OF FATHER Thomas Sloan

14 BIRTHPLACE OF FATHER (City) Ireland  
(State or country)

15 MAIDEN NAME OF MOTHER Nora Leahy

16 BIRTHPLACE OF MOTHER (City) Ireland  
(State or country)17 Informant Wife (Relation, if any)  
(Address)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Oct. 31/47 19

18 DATE OF DEATH Oct. 28/47  
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from  
Oct. 14, 1947 to Oct. 28, 1947  
I last saw him alive on Oct. 28/47, 19, death is said to  
have occurred on the date stated above, at 5:40PM m.Immediate cause of death  
Subdiaphragmatic abscess

Duration

1 Mo.

Due to Carcinoma of splenic flexure  
of colon with perforation

1 Mo.

Other conditions. Lobar pneumonia, lt.  
(Include pregnancy within 3 months of death)  
upper lobe

Physician

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.Major findings: Cecostomy 10-15-  
Of operations Sup. bilat. femoral vein  
intussusception Date of 10-16/47  
Of autopsy

What test confirmed diagnosis? autopsy

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W T S Thorndike M.D.  
(Address) Mass. General Hospt Date 10-29 194721 PLACE OF BURIAL, Calvary  
CREMATION OR REMOVAL

Boston

DATE OF BURIAL Oct. 31/47 19  
(City or Town)22 NAME OF FUNERAL DIRECTOR Charles H Treanor  
ADDRESS East Boston Mass.

Received and filed DEC 1 1947 19

(Registrar of City or Town where deceased resided)





**SUFFOLK  
BOSTON**



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

**BOSTON**

(City or town making return)

**COPY OF  
CERTIFICATE OF DEATH**

Registered No. **951-223**

1 PLACE OF DEATH

(City or Town)  
No. **U.S. Marine Hospit**

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME **George F Darlow**  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **27 Crystal Cove. Ave.** St. **Winthrop Mass.**  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution **1** years **25** months **25** days. In this community yrs. **1** mos. **25** days.  
(Before death) (Specify whether)

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE (write the word)  
MARRIED **Married**  
WIDOWED  
or DIVORCED

5a If married, widowed, or divorced  
HUSBAND of **Elgenia Parquette**  
(Give maiden name of wife in full)  
(or) WIFE of  
(Husband's name in full)

6 Age of husband or wife if alive **47** years

7 IF STILLBORN, enter that fact here.

8 AGE **49** Years **9** Months **17** Days | If less than 1 day  
Hours Minutes

Usual Occupation: **Marine Engineer**

Industry or Business: **Merchant Seaman**

11 Social Security No. **020-12-8184**

12 BIRTHPLACE (City) **Massachusetts**  
(State or country)

PARENTS

13 NAME OF FATHER **George W Darlow**

14 BIRTHPLACE OF FATHER (City) **England**  
(State or country)

15 MAIDEN NAME OF MOTHER **Alice Fiske**

16 BIRTHPLACE OF MOTHER (City) **Quebec**  
(State or country)

17 Informant **Hospit Records Registrar**  
(Address) (Relation, if any)

A TRUE COPY.

ATTEST: **Michael J. Manning**  
(Registrar of city or town where death occurred)

DATE FILED **Nov. 5** 19 **47**

**MEDICAL CERTIFICATE OF DEATH**

18 DATE OF DEATH **Oct. 30/47**  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
**Sept. 4**, 19 **47**, to **Oct. 30**, 19 **47**  
I last saw him alive on **Oct. 30**, 19 **47**, death is said to  
have occurred on the date stated above, at **9:25AM** m.

Immediate cause of death **Acute pulmonary congestion and edema**  
**1 Day**

**Acute heart failure**  
**post operative state exploratory**  
**laparotomy 10-27-47)** **3 Das.**

Other conditions **Duodenal ulcer**  
(Include pregnancy within 3 months of death)

Major findings: **No abnormality except**  
Of operations **as noted above** Date of

Of autopsy **As above** **Clinical autopsy**

What test confirmed diagnosis? **No**

20 Was disease or injury in any way related to occupation of deceased?

If so, specify **D. S. Cameron Sr. Surgeon** M.D.  
(Signed) **U.S. Marine Hospit** Date **11-1** 19 **47**  
(Address)

21 PLACE OF BURIAL, **Winthrop Cem-Winthrop Mass.**  
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL **Nov. 1/47** 19

22 NAME OF FUNERAL DIRECTOR **H S Reynolds**  
**Winthrop Mass.**

Received and filed **DEC 1** 19 **47**

(Registrar of City or Town where deceased resided)

12



## The Commonwealth of Massachusetts

BOSTON

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF  
CERTIFICATE OF DEATH

Registered No. 9449 224

PLACE OF DEATH

SUFFOLK  
(County)  
BOSTON

(City or Town)

No. Beth Israel Hospital

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Max Silverman

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.  
War Veteran,  
specify WAR)(a) Residence. No. 284 River Road  
(Usual place of abode)

St. Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution years months 52 days. In this community yrs. mos. 52 days.  
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word)  
MARRIED Widower  
WIDOWED  
or DIVORCED5a If married, widowed, or divorced Celia Waldman  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 78 Years Months Days If less than 1 day  
Hours Minutes

Usual 9 Occupation: Furniture Business

Industry 10 or Business: For Himself

11 Social Security No. None

12 BIRTHPLACE (City) Russia  
(State or country)

PARENTS

13 NAME OF FATHER Jacob Silverman

14 BIRTHPLACE OF FATHER (City) Russia  
(State or country)

15 MAIDEN NAME OF MOTHER Sarah

16 BIRTHPLACE OF MOTHER (City) Russia  
(State or country)17 Informant E Burofsky (Relation, if known) Daughter  
(Address)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Nov 3/47 19

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct. 30/47  
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from  
Sept. 9, 1947, to Oct. 30, 1947.  
I last saw him alive on Oct. 30, 1947, death is said to  
have occurred on the date stated above, at 3:10 P.m. DurationImmediate cause of death  
Arterio sclerotic heart disease

Duration

3 Yrs

Due to

Due to

Other conditions Pulmonary emphysema  
(Include pregnancy within 3 months of death)Major findings:  
Of operations

Date of

Of autopsy None

What test confirmed diagnosis? Clinical test

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L. Wolosky  
(Address) Beth Israel Hospit Date 10-30-4721 PLACE OF BURIAL, CREMATION OR REMOVAL Ohel Jacob-Woburn Mass.  
(Cemetery) (City or Town)

DATE OF BURIAL Oct. 31/47 19

22 NAME OF FUNERAL DIRECTOR B Birnbach  
ADDRESS Dorchester Mass.

Received and filed DEC 1 1947 19

(Registrar of City or Town where deceased resided)





PLACE OF DEATH

Suffolk  
(County)  
Winthrop  
(City or Town)

No.

(City or Town)

No. 10 Wave Way Ave.

2 FULL NAME

Gussie Ferar

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

(Usual place of abode)

10 Wave Way Ave.

St.

Winthrop

(If nonresident, give city or town and State)

Length of stay: in hospital or institution

(Before death)

(Specify whether)

years

months

days

In this community 30 yrs.

mos.

days

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE 63 Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Housework

Industry

10 or Business:

athome

11 Social Security No.

None

12 BIRTHPLACE (City)

(State or country)

Austria

13 NAME OF FATHER

Abraham Luftman

14 BIRTHPLACE OF FATHER (City)

(State or country)

Austria

15 MAIDEN NAME OF MOTHER

Hannah Leared

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Austria

17

Informant (Address)

Sally Ferar  
100 Wave Way Ave.

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer

(Date of Issue of Permit)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No.

225

(If death occurred in a hospital or institution,  
give its NAME instead of street and number)

## PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

No

St.

Winthrop

(If nonresident, give city or town and State)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

November 7

1947

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

November 4, 1947, to November 7, 1947

I last saw him alive on November 7, 1947, death is said to  
have occurred on the date stated above, at 8:10 P.M.

Immediate cause of death

Coronary Occlusion

Duration

1 day

Due to

Polycythemia rubra

12 yrs.

Due to

Hypertension

12 yrs.

Other conditions

(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations

Physician

Date of

Of autopsy

What test confirmed diagnosis? Clinical

Underline  
the cause to  
which death  
should be  
charged statistically

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles Liberman M. D.  
(Address) 26 Wave Way Ave. Date Nov. 7, 1947

21 Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

1947

22 NAME OF FUNERAL DIRECTOR

ADDRESS

Washington St.

Received and filed

NOV 12 1947

19

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



PLACE OF DEATH

Suffolk  
(County)

Winthrop

(City or Town)

No. 25 North Ave., Winthrop

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD

## CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No.

226

St. { (If death occurred in a hospital or institution, {  
give its NAME instead of street and number) }2 FULL NAME Jane F. Hutchinson ( Howard )  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT

{ (Was deceased a  
U. S. War Veteran,  
if so specify WAR) }

No

(a) Residence. No. 25 North Ave.,  
(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution None years months days. In this community 35 yrs. mos. days.  
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED

WIDOWED

OR DIVORCED

Married

5a If married, widowed or divorced

HUSBAND of:

(Give maiden name of wife in full)

(or) WIFE of George J. Hutchinson

(Husband's name in full)

6 Age of husband or wife if alive

72

years

7 IF STILLBORN, enter that fact here.

8 AGE 73 Years 3 Months 29 Days

If less than 1 day  
Hours

Minutes

9 Usual  
Occupation:

At home

10 Industry  
or Business:

Housewife

11 Social Security No.

None

12 BIRTHPLACE (City)  
(State or Country)

Dublin, Ireland

13 NAME OF  
FATHER

Stephen Howard

14 BIRTHPLACE OF  
FATHER (City)

Ireland

(State or Country)

15 MAIDEN NAME  
OF MOTHER

Mary Anne Fitzsimmons

16 BIRTHPLACE OF  
MOTHER (City)

Ireland

(State or Country)

17 Informant  
(Address)George J. Hutchinson-Husband  
25 North Ave., Winthrop18 DATE OF  
DEATHNov. 11, 1947  
(Month) (Day) (Year)

19

I HEREBY CERTIFY, That I attended deceased from

Nov. 11, 1947 to Nov. 11, 1947

I last saw him alive on Nov. 11, 1947, death is said to

have occurred on the date stated above, at 10.50 P. M.

Immediate cause of death

Coronary Embolism  
(M.E. ruling jurisdiction)

Duration

IMPORTANT

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:  
Of operations

Date of

Of autopsy

What test confirmed diagnosis?

Physician

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.20 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed)

(Address)

Date

M. D.

1947

21 Winthrop Cemetery, Winthrop  
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL November 14th

1947

22 NAME OF  
FUNERAL DIRECTOR

Richard C. Kirby

ADDRESS

Boston, Massachusetts

Received and Filed

19

NOV 17 1947

(Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed  
with me BEFORE the burial or transit permit was issued:Walter E. Baker  
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten or chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER





The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. **227**

1 PLACE OF DEATH  
**Suffolk** (County)  
**Winthrop** (City or Town)  
No. **Winthrop Community Hospital** St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Polly Santell**  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) **No.**

(a) Residence. No. **19 Mermaid Ave.** St. **Winthrop**  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution **2** years months **1** days. In this community **20** yrs. mos. days.  
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **Female** 4 COLOR OR RACE **white** 5 SINGLE (write the word)  
**MARRIED** **married**  
**WIDOWED** or **DIVORCED**

5a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of **Joseph Santell** (Husband's name in full)

6 Age of husband or wife if alive **68** years

7 IF STILLBORN, enter that fact here.

8 AGE **58** Years Months Days | If less than 1 day  
Hours Minutes

9 Occupation: **Housewife**

10 or Business: **at home**

11 Social Security No. **none**

12 BIRTHPLACE (City) **Russia**  
(State or country)

PARENTS

13 NAME OF FATHER **Morton Leder**

14 BIRTHPLACE OF FATHER (City) **Russia**  
(State or country)

15 MAIDEN NAME OF MOTHER **Lena Buncher**

16 BIRTHPLACE OF MOTHER (City) **Russia**  
(State or country)

17 Informant **Goldie Caplan** Relation, if any  
(Address) **19 Mermaid Ave. Winthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

**Walter H. Barker**  
(Signature of Agent of Board of Health or other)

**Health Officer** (Official Designation) **11/11/47** (Date of Issue of Permit)

18 DATE OF DEATH **Nov. 11, 1947**  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
**Nov. 1, 1947, to Nov. 11, 1947**  
I last saw her alive on **Nov. 11, 1947**, death is said to  
have occurred on the date stated above, at **3:30 a. m.**

Immediate cause of death.

**cerebral hemorrhage** Duration **IMPORTANT**

Due to **hypertension**  
**arteriosclerosis**

Due to

Other conditions.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Date of

Of autopsy

What test confirmed diagnosis?

Physician

Underline  
the cause to  
which death  
should be  
charged statistically

20 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) **A. N. Caplan** M. D.  
(Address) **19 Mermaid Ave. Winthrop** Date **11-11-47**

21 **Chel Jacob Wabure**  
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL **Nov. 11, 1947**

22 NAME OF FUNERAL DIRECTOR **Benjamin Birnbach**  
ADDRESS **18 Washington St. Som.**

Received and filed **19**

**NOV 12 1947**

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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RULES OF PRACTICE

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, require physicians to insert a recital to that effect.

100m. (g.) 1-45-15510

12/8/47  
Suffolk  
Winthrop  
Winthrop Community Hospital



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 228

PLACE OF DEATH  
1 No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Boy Beaton  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 18 Brady Court St. East Boston  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community yrs. mos. days.  
(Before death) (Specify whether)

PHYSICIAN - IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR) No

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male  
4 COLOR OR RACE White  
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single  
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)  
6 Age of husband or wife if alive years  
7 IF STILLBORN, enter that fact here. Stillborn  
8 AGE Years Months Days | If less than 1 day Hours Minutes  
9 Usual Occupation:  
10 Industry or Business:  
11 Social Security No.  
12 BIRTHPLACE (City) (State or country) Winthrop Mass  
13 NAME OF FATHER John H. Beaton  
14 BIRTHPLACE OF FATHER (City) (State or country) East Boston Mass  
15 MAIDEN NAME OF MOTHER Imelda Culbert  
16 BIRTHPLACE OF MOTHER (City) (State or country) East Boston Mass  
17 Informant John H. Beaton Relationship any (Address) 18 Brady Court (father)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. 13, 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov 13, 1947, to Nov 13, 1947  
I last saw him alive on Nov 13, 1947, death is said to have occurred on the date stated above, at 9:55 p.m.  
Immediate cause of death.

Stillborn Fetus  
Due to 5 mos. miscarriage  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: none  
Of operations  
Of autopsy none  
What test confirmed diagnosis? Physical Exam  
20 Was disease or injury in any way related to occupation of deceased?  
If so, specify (Signed) John H. Williams M. D.  
(Address) 149 Belmont St. Date Nov 14 1947

21 Place of Burial (Cremation or Removal) Holy Cross Cemetery (City or Town)  
DATE OF BURIAL Nov 18 1947  
22 NAME OF FUNERAL DIRECTOR Charles H. Treanor  
ADDRESS East Boston  
Received and filed NOV 19 1947 (Registrar)

IMPORTANT

none

few

IMPORTANT

Physician

Underline the cause to which death should be charged statistically

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter H. Beaton  
(Signature of Agent of Board of Health or other)

Health Officer 11/18/47  
(Official Designation) (Date of Issue of Permit)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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RULES OF PRACTICE

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(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

No. 83 Loring Road

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No.

229

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number) }

## PHYSICIAN-IMPORTANT

{ (Was deceased a  
U. S. War Veteran,  
if so specify WAR) }2 FULL NAME Charles A. Blais  
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 83 Loring Road  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community 33 yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Married18 DATE OF DEATH Nov. 13, 1947  
(Month) (Day) (Year)5a If married, widowed or divorced, name of HUSBAND of Mary A. Hurley  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from Aug. 19 47, to Nov. 13, 19 47  
I last saw him alive on Nov. 13, 19 47, death is said to have occurred on the date stated above, at 2:10 A.M.

6 Age of husband or wife if alive 72 years

Immediate cause of death

Duration

7 IF STILLBORN, enter that fact here.

IMPORTANT

8 AGE 71 Years Months Days If less than 1 day Hours Minutes

Coronary Thrombosis 2 days.  
Due to Coronary Artery Heart Disease 14 yrs.  
Due to Arteriosclerosis 14 yrs.

Usual Occupation: Retired

Other conditions (Include pregnancy within 3 months of death)

10 Industry or Business: Manufacturer Shoe

Major findings:  
Of operations

Physician

11 Social Security No.

12 BIRTHPLACE (City) Boston  
(State or Country) Massachusetts

Date of

Underline the cause to which death should be charged statistically.

PARENTS

13 NAME OF FATHER Francis A Blais

14 BIRTHPLACE OF FATHER (City) Canada  
(State or Country)

15 MAIDEN NAME OF MOTHER Ellen Grimes

16 BIRTHPLACE OF MOTHER (City) Ireland  
(State or Country)20 Was disease or injury in any way related to occupation of deceased? no  
If so, specify Charles L. Liberman, M.D.

(Signed) (Address) 26 New Way Ave. Winthrop, Mass. 13 Nov 19 47.

21 Place of Burial, Cremation or Removal Holy Cross Malden  
(City or Town)

DATE OF BURIAL November 15, 1947

22 NAME OF FUNERAL DIRECTOR John T. O'Malley

ADDRESS Winthrop Mass.

Received and Filed

19

NOV 17 1947

(Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Walter H. Baker  
(Signature of Agent of Board of Health or Health Officer)  
11/13/47  
(Date of Issue of Permit)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER





The Commonwealth of Massachusetts  
 OFFICE OF THE SECRETARY  
 DIVISION OF VITAL STATISTICS  
**STANDARD  
 CERTIFICATE OF DEATH**

To be filed for burial permit  
 with Board of Health  
 or its Agent.

Registered No. **230**

**Suffolk**  
 (County)

**Winthrop**  
 (City or Town)

No. **Winthrop Community Hospital**

St. (If death occurred in a hospital or institution,  
 give its NAME instead of street and number)

2 FULL NAME **Henry Hugo Wilcke**  
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **457 Shirley Street**  
 (Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution **Hosp.** years months **6** days. In this community **30** yrs. mos. days.  
 (Before death) (Specify whether)

**PHYSICIAN - IMPORTANT**

(Was deceased a  
 U. S. War Veteran,  
 if so specify WAR.)

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE (write the word)  
**MARRIED**  
**WIDOWED**  
 or **DIVORCED Widowed**

5a If married, widowed, or divorced **Daisy Reid**  
 HUSBAND of (Give maiden name of wife in full)  
 (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE **65** Years **7** Months **2** Days | If less than 1 day  
 Hours Minutes

9 Occupation: **Fuel Oil Delivery**

Industry **Oil truck**

11 Social Security No. **None**

12 BIRTHPLACE (City)  
 (State or country) **New York City**  
**New York**

13 NAME OF  
 FATHER **Hugo Wilcke**

14 BIRTHPLACE OF  
 FATHER (City)  
 (State or country) **Germany**

15 MAIDEN NAME  
 OF MOTHER **Marie Grufs**

16 BIRTHPLACE OF  
 MOTHER (City)  
 (State or country) **Germany**

17 Informant **Fred Wilcke** Son Relation, If any  
 (Address) **462 Shirley St. Winthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
 filed with me BEFORE the burial or transit permit was issued:

**Walter H. Wilcke**  
 (Signature of Agent of Board of Health or other)

**Health Officer** (Official Designation) **11/18/47** (Date of Issue of Permit)

**MEDICAL CERTIFICATE OF DEATH**

18 DATE OF DEATH **November 15 1947**  
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
**Nov. 10, 47, 1947, to Nov. 15, 1947**  
 I last saw him alive on **Nov. 15, 1947**, death is said to  
 have occurred on the date stated above, at **5:20 P.M.**

Immediate cause of death

**Ruptured Appendicitis**  
**(EST.)**

Duration

**IMPORTANT**

**8 hours**

Due to **General Peritonitis**

Due to  
 Other conditions  
 (Include pregnancy within 8 months of death)

**IMPORTANT**

Major findings:  
 Of operations **Gut Appendicitis**  
**Peritonitis** Date of **Nov 10, 47**

Of autopsy **none**

What test confirmed diagnosis? **Operation**  
**Peritonitis**

Physician

Underline  
 the cause to  
 which death  
 should be  
 charged sta-  
 tistically

20 Was disease or injury in any way related to occupation of deceased? **No**  
 If so, specify **None**  
 (Signed) **Samuel J. O'Brien** M. D.  
 (Address) **Winthrop** Date **Nov. 12, 1947**

21 **Winthrop** **Winthrop**  
 Place of Burial, Cremation or Removal. (City or Town)  
 DATE OF BURIAL **Nov. 18** 19**47**

22 NAME OF FUNERAL DIRECTOR **Howard**  
 ADDRESS **Winthrop**

Received and filed **NOV 18 1947**

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER





The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. **231**

1 PLACE OF DEATH  
Suffolk  
(County)  
Winthrop  
(City or Town)  
No. 25 Faun Bar Ave.

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Mildred Ann (Kenerson) Hatfield  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence. No. 25 Faun Bar Ave.  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years ..... months ..... days.  
(Before death) (Specify whether) In this community 6 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Widowed

18 DATE OF DEATH November 16 1947  
(Month) (Day) (Year)

5a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of William H. Hatfield  
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from  
April 1946, to November 16, 1947  
I last saw her alive on November 16, 1947, death is said to  
have occurred on the date stated above, at 5:55 A. m.

6 Age of husband or wife if alive ..... years

Immediate cause of death..... Duration

7 IF STILLBORN, enter that fact here.

8 AGE 88 Years 2 Months 15 Days | If less than 1 day  
Hours Minutes

Cardiac decompensation  
Due to Arteriosclerotic heart  
disease (2 months  
years)

9 Occupation: House wife

Due to.....

Industry At Home

Other conditions.....  
(Include pregnancy within 3 months of death)

10 or Business: None

11 Social Security No. Natick  
12 BIRTHPLACE (City)  
(State or country) Massachusetts

Major findings:  
Of operations..... Date of.....  
Of autopsy.....  
What test confirmed diagnosis? Clinical

13 NAME OF FATHER Woodbury Kenerson

Physician Underline the cause to which death should be charged statistically

14 BIRTHPLACE OF FATHER (City) Unable to obtain  
(State or country)

15 MAIDEN NAME OF MOTHER Mary Penny

16 BIRTHPLACE OF MOTHER (City) Unable to obtain  
(State or country)

17 Informant Mary I Either Daughter (if any)  
(Address) 25 Faun Bar Ave. Winthrop

20 Was disease or injury in any way related to occupation of deceased? No  
If so, specify Paul Phoenix  
(Signed) (Address) 238 South Street Boston Data 11/17 1947 M. D.

21 Oak Grove Medford  
Place of Burial, Cremation or Removal. (City or Town)  
DATE OF BURIAL Nov. 19 1947

22 NAME OF FUNERAL DIRECTOR Howard S. Turner  
ADDRESS Winthrop Mass

Received and filed NOV 15 1947 19

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

Walter H. Baker  
(Signature of Agent of Board of Health or other)

Health Officer 11/18/47  
(Official Designation) (Date of Issue of Permit)

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



1 PLACE OF DEATH

*Revere*  
12/18/47  
**SUFFOLK**  
(County)

**WINTHROP**  
(City or Town)

No. **WINTHROP**



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. ....

**232**

No. **WINTHROP** **COMMUNITY HOSPITAL** (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **MARY THERESA MCGRAIL**  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. **62 CENTRAL AVE.** St. **REVERE**  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution **HOSPITAL** years months **2 HRS 25 MIN** days. On this community yrs. mos. **1** days.  
(Before death) (Specify whether)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word)  
**MARRIED**  
**WIDOWED**  
or **DIVORCED** **Single**

5a If married, widowed, or divorced  
HUSBAND of  
(Give maiden name of wife in full)

(or) WIFE of  
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE **47** Years ..... Months ..... Days | If less than 1 day  
Hours ..... Minutes

Usual  
9 Occupation: **School Teacher**

Industry **City Of Revere**  
10 or Business:

11 Social Security No. **None**

12 BIRTHPLACE (City) **No. Andover**  
(State or country) **Mass**

13 NAME OF  
FATHER **Peter Mc Grail**

14 BIRTHPLACE OF  
FATHER (City) **Unknown**  
(State or country) **Ireland**

15 MAIDEN NAME  
OF MOTHER **Bridget Connolly**

16 BIRTHPLACE OF  
MOTHER (City) **Unknown**  
(State or country) **Ireland**

17 Informant **Thomas Mc Grail** (Relation, if any)  
(Address) **84 Pleasant St No. Andover**

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

*Walter A. Baker*  
(Signature of Agent of Board of Health or other)

*Health Officer*  
(Official Designation) (Date of Issue of Permit) **11/19/47**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATH **NOVEMBER 18, 1947**  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
**November 18, 1947** to **November 18, 1947**

I last saw her alive on **Nov. 18, 1947**, death is said to  
have occurred on the date stated above, at **5:25 P.M.**

Immediate cause of death **SUB ARACHNOID HEMORRHAGE** **3 HRS.**  
**IMPORTANT**

Due to **Generalized arteriosclerosis?**

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Date of

Of autopsy  
What test confirmed diagnosis? **Similar puncture**

20 Was disease or injury in any way related to occupation of deceased? **No**  
If so, specify

(Signed) **Harold Mcgrail** M. D.  
(Address) **625 Beach St** Date **11-18** 1947

21 Holy Sepulchre **Reverend No. Andover**  
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL **NOV. 22 1947** 19

22 NAME OF  
FUNERAL DIRECTOR **John Breen**

ADDRESS **373 Oak ST LAWRENCE MASS**

Received and filed **NOV 19 1947** 19

(Registrar)

## RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;—General Laws, Chap. 38, Sec. 6.

(3) Medical Examiners will investigate and certify to all deaths sup-  
 -posably due to injury. These include not only deaths caused directly or in-  
 -directly by traumatism (including resulting septicemia), and by the action  
 -of chemical (drugs or poisons), thermal, or electrical agents, and deaths  
 -following abortion, but also deaths from disease resulting from injury or  
 -infection related to occupation, the sudden deaths of persons not disabled  
 -by recognized disease, and those of persons found dead.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 1 year or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

### SPACE FOR ADDITIONAL INFORMATION



PLACE OF DEATH

(County)

(City or Town)

No.

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 233

{ (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

{ (If U. S.  
War Veteran,  
specify WAR) no

2 FULL NAME Paula Costa  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 15 Franklin St. East Boston  
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days. In this community \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days.  
(Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) Single  
MARRIED  
WIDOWED  
or DIVORCED

5a If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(Give maiden name of wife in full)

(or) WIFE of \_\_\_\_\_  
(Husband's name in full)

6 Age of husband or wife if alive \_\_\_\_\_ years

7 IF STILLBORN, enter that fact here. Stillborn

8 AGE \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days If less than 1 day  
Hours \_\_\_\_\_ Minutes \_\_\_\_\_

Usual  
9 Occupation:

Industry  
10 or Business:

11 Social Security No. \_\_\_\_\_

12 BIRTHPLACE (City) Northampton  
(State or country) Mass

13 NAME OF FATHER Joseph Costa

14 BIRTHPLACE OF FATHER (City) Boston  
(State or country) Mass

15 MAIDEN NAME OF MOTHER Mina Cardinale

16 BIRTHPLACE OF MOTHER (City) Boston  
(State or country) Mass

17 Joseph Costa Relation, if any  
Informant (Address) 15 Franklin St. E. B.

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

Walter F. Barker  
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 11/19/47 (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov 19 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from  
Nov 19, 1947, to Nov 19, 1947  
I last saw her alive on \_\_\_\_\_, 19\_\_\_\_, death is said to  
have occurred on the date stated above, at \_\_\_\_\_ m.  
Immediate cause of death \_\_\_\_\_

Duration  
IMPORTANT

Due to Stillborn

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

IMPORTANT  
PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_ Date of \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

20 Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) J. P. Potenza M. D.  
(Address) 238 Marlborough St. E. B. 11/19/47

21 St. Elizabeth's W. E. B.  
Place of Burial, Cremation or Removal (City or Town)  
DATE OF BURIAL Nov 20 1947

22 NAME OF FUNERAL DIRECTOR James J. Costa  
ADDRESS 201 Marlborough St. E. B.

Received and filed \_\_\_\_\_ 19\_\_\_\_

NOV 19 1947 (Registrar)

## GOVERNING THE RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent appointed or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate of a coroner, if provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, it is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

## RULES OF PRACTICE

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of occupation.**—Praise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. If some one in this section for ever, person aged 10 years and over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

### SPACE FOR ADDITIONAL INFORMATION



PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		To be filed for burial permit with Board of Health or its Agent.	
1	Suffolk (County) Winthrop (City or Town) 34 Peble Ave	No.	34	St.	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2	FULL NAME John Leo Payne (If deceased is a married, widowed or divorced woman, give also maiden name.)	(a) Residence. No.	34 Peble Ave	St.	(If nonresident, give city or town and State)
Length of stay: in hospital or institution (Before death)		years months days		in this community 43 yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word)	18 DATE OF DEATH		
Male	White	MARRIED WIDOWED or DIVORCED	Married		
5a If married, widowed, or divorced	HUSBAND of (Give maiden name of wife in full)		18 DATE OF DEATH		
(or) WIFE of (Husband's name in full)	Putnam		Nov. 20 1947		
6 Age of husband or wife if alive	64 years		19 I HEREBY CERTIFY, That I attended deceased from		
7 IF STILLBORN, enter that fact here.			Self, 1, 1947 to Nov. 20, 1947		
8 AGE 66 Years Months Days	If less than 1 day		I last saw him alive on Nov. 20, 1947 death is said to		
9 Usual Occupation: Retired	10 Industry or Business: Restaurant Proprietor		have occurred on the date stated above, at 6:30 P. m.		
11 Social Security No.	12 BIRTHPLACE (City) P. O. I.		Immediate cause of death: Cancer throat		
13 NAME OF FATHER James Payne	14 BIRTHPLACE OF FATHER (City) Plymouth		Duration		
15 MAIDEN NAME OF MOTHER Alice Maguire	16 BIRTHPLACE OF MOTHER (City) Canada		IMPORTANT		
17 Informant (Address) James Payne (wife)	Relation, if any		3 yrs.		
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.			Due to: Hypertension		
(Signature of Agent at Board of Health or other)			Due to: Hypertension		
(Official Designation)			Other conditions: (Include pregnancy within 3 months of death)		
(Date of Issue of Permit)			Major findings: Of operations		
			Date of: Of autopsy: What test confirmed diagnosis?		
			20 Was disease or injury in any way related to occupation of deceased? If so, specify: P. D. M. D.		
			21 Place of Burial, Cremation or Removal: Winthrop (City or Town)		
			DATE OF BURIAL: Nov 24 1947		
			22 NAME OF FUNERAL DIRECTOR: Maurice Duffy		
			ADDRESS: 210 Winthrop St.		
			Received and filed: Nov 27 1947		
			(Registrar)		

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



PLACE OF DEATH

Suffolk  
(County)  
Waltham  
(City or Town)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 235

No. 55 Wane Way Ave

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Daniel Joseph Honan  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence, No. 55 Wane Way Ave St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED MARRIED  
WIDOWED or DIVORCED

18 DATE OF DEATH 11 25 1947  
(Month) (Day) (Year)

5a If married, widowed or divorced HUSBAND of Josephine M. Grimes  
(Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from 11 15 1947 to 11 25 1947  
I last saw him alive on 11 25 1947 death is said to have occurred on the date stated above, at 8:25 p.m.

6 Age of husband or wife if alive 63 years

Immediate cause of death Coronary Embolism

7 IF STILLBORN, enter that fact here.

8 AGE 63 Years Months Days If less than 1 day Hours Minutes

Due to Aortic Atherosclerosis

Usual Occupation: Gas Sta. Proprietor

Due to

Industry or Business: 7

Due to

11 Social Security No.

Other conditions (Include pregnancy within 8 months of death)

12 BIRTHPLACE (City) (State or country) Fall River Mass

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D. 11 26 1947

21 Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Nov 29 1947

22 NAME OF FUNERAL DIRECTOR Maurice K. Ruby

ADDRESS 210 W. Main St. Waltham

Received and Filed 11 26 1947 (Registrar)

PARENTS

13 NAME OF FATHER John J. Honan

14 BIRTHPLACE OF FATHER (City) Waltham

(State or country) Mass

15 MAIDEN NAME OF MOTHER Christina Murphy

16 BIRTHPLACE OF MOTHER (City) Providence

(State or country) R.I.

17 Informant (Address) Josephine Honan (Relation, if any) wife

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Walter S. Ballew (Signature of Agent of Board of Health or other)

Health Officer 11/28/47 (Official Designation) (Date of Issue of Permit)

**EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE  
RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 35, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposable due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE \_\_\_\_\_

DATE OF DISCHARGE \_\_\_\_\_

RANK, RATING \_\_\_\_\_

ORGANIZATION AND OUTFIT \_\_\_\_\_

SERVICE NUMBER \_\_\_\_\_



PLACE OF DEATH

Suffolk  
(County)  
Winthrop  
(City or Town)  
No. 44 FairviewThe Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 236

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)2 FULL NAME Albert W. Silch  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) No(a) Residence, No. 44 Fairview  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years ..... months ..... days. In this community 20 yrs. mos. days.  
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX male 4 COLOR OR RACE White 5 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Widowed18 DATE OF DEATH Nov 27 1947  
(Month) (Day) (Year)5a If married, widowed, or divorced  
HUSBAND of Delia G. Connelly  
(Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)19 I HEREBY CERTIFY, That I attended deceased from  
20 Nov 1947, to 27 Nov 1947I last saw him alive on Nov 27, 1947 death is said to  
have occurred on the date stated above, at 9:15 A m.

6 Age of husband or wife if alive ..... years

Immediate cause of death

7 IF STILLBORN, enter that fact here.

Duration

8 AGE 75 Years Months Days | If less than 1 day  
Hours Minutes

Chronic Expector

IMPORTANT

1440

9 Usual Occupation: Composer

Due to

10 Industry or Business: Newspaper

Due to

11 Social Security No.

Other conditions (Include pregnancy within 3 months of death)

IMPORTANT

12 BIRTHPLACE (City) (State or country) East Boston Mass

Major findings: Of operations

Physician

Underline the cause to which death should be charged statistically

13 NAME OF FATHER Frederick J. Silch

Date of

14 BIRTHPLACE OF FATHER (City) (State or country) Denmark

Of autopsy

What test confirmed diagnosis? Urinalysis

15 MAIDEN NAME OF MOTHER Henrietta Smith

20 Was disease or injury in any way related to occupation of deceased?

16 BIRTHPLACE OF MOTHER (City) (State or country) Germany

If so, specify

(Signed) Fred Silch (Address) 44 Fairview St Winthrop Date 11-27 1947 M. O.

17 Informant Fred Silch (Address) 44 Fairview St Winthrop Relation If any

21 Winthrop Winthrop  
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Dec 1 1947

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

22 NAME OF FUNERAL DIRECTOR Charles H. Treanor

ADDRESS East Boston

(Signature of Agent of Board of Health or other)

Received and Read DEC 2 1947 19

(Official Designation) (Date of Issue of Permit)

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

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No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



PLACE OF DEATH

Suffolk County  
Winthrop  
(City or Town)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 237

1 PLACE OF DEATH Winthrop Community Hosp St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Betty Boy Del Signore { (If U. S. War Veteran, specify WAR)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 5 Summer Place East Boston St. { (If nonresident, give city or town and state)

(Usual place of abode)

Length of stay: In hospital or institution..... years months days. In this community yrs. mos. days.

(Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) Single  
MARRIED  
WIDOWED  
or DIVORCED

18 DATE OF DEATH Nov. 28, 1947  
(Month) (Day) (Year)

5a If married, widowed, or divorced  
HUSBAND of.....  
(Give maiden name of wife in full)

19 I HEREBY CERTIFY, That I attended deceased from  
Nov. 28, 1947, to Nov. 28, 1947  
I last saw h..... alive on....., 19....., death is said to  
have occurred on the date stated above, at.....m.  
Immediate cause of death.....

(or) WIFE of.....  
(Husband's name in full)

6 Age of husband or wife if alive..... years

7 IF STILLBORN, enter that fact here Stillborn

8 AGE..... Years..... Months..... Days..... If less than 1 day  
Hours..... Minutes

Due to Stillborn

Usual  
9 Occupation:

Due to.....

Industry  
10 or Business:

Other conditions.....  
(Include pregnancy within 3 months of death)

11 Social Security No. ....

12 BIRTHPLACE (City) Winthrop Mass  
(State or country)

IMPORTANT

13 NAME OF FATHER Lawrence Del Signore

PHYSICIAN

14 BIRTHPLACE OF FATHER (City) Boston  
(State or country) Mass

Underline  
the cause to  
which death  
should be  
charged statistically.

15 MAIDEN NAME OF MOTHER Florence Friella

16 BIRTHPLACE OF MOTHER (City) Boston  
(State or country) Mass

17 Informant Lawrence Del Signore Relation, if any  
(Address) 5 Summer Pl. East Boston

20 Was disease or injury in any way related to occupation of deceased?  
If so, specify.....

(Signed) Joseph J. Portage M. D.  
(Address) 238 Harvard St. E.B. Date 11/28 1947

21 Not Case Malden  
Place of Burial, Cremation or Removal. (City or Town)  
DATE OF BURIAL Nov 28 Dec - 1 19 47

22 NAME OF FUNERAL DIRECTOR Henry D. Pecton  
ADDRESS 224 Harvard St. E.B.

Received and filed..... 19.....

(Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter H. Baker  
(Signature of Agent of Board of Health or other)

Health Officer 12/1/47  
(Official Designation) (Date of Issue of Permit)

## RETURN OF CERTIFICATES OF DEATH

## GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. Such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate, as hereinafter provided, if there is no attending physician; or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

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## RULES OF PRACTICE

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of occupation.**—Provide statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. If some one in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

**SPACE FOR ADDITIONAL INFORMATION.....**



State Board of Health  
Bureau of Vital Statistics

**NON RESIDENT**  
**FLORIDA**

State File No. **14595**

Registrar's No. **41**

1. PLACE OF DEATH:

(a) County **Pinellas** District No. **39-02**  
(b) Precinct \_\_\_\_\_ Precinct No. \_\_\_\_\_  
(c) City or Town **Tarpon Springs** City or Town No. **39-522**  
(d) Name of hospital or institution **Tarpon Springs Hosp.**  
(If not in hospital or institution, write street number or location)  
(e) Length of stay: In hospital or institution **22 days**  
At place of death **22 days**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Massachusetts** (b) County **Suffolk**  
(c) City or Town **Winthrop**  
(If outside city or town limits, write RURAL)  
(d) Street No. **12 Jefferson Street**  
(If rural, give location)  
(e) Citizen of Foreign country? **no**  
yes or no  
If yes, name country \_\_\_\_\_

3. FULL NAME OF DECEASED **Christabel Helen Young**

3 (a) If veteran, name war **no** 3 (b) Social Security No. **none**

4. Sex **female** 5. Color or race **white**

6. Single, married, widowed or divorced **Widowed**

6 (a) If married, widowed or divorced, husband of (or) wife of **William H. H. Young**

6 (b) Age of husband or wife, if alive \_\_\_\_\_ years

7. Birth date of deceased **December 16, 1876**  
(month) (day) (year)

8. Age: Years Months Days If less than one day  
**70 6 21** hrs. min.

9. Birthplace **England**  
(City, town or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Home**

12. Name **Samuel J. Jukes**

13. Birthplace **England**

14. Maiden name **Helen Sarah Rudman**

15. Birthplace **England**

16. Informant's Signature **Harry S. Jukes**

16 (a) Address **Tarpon Springs, Florida.**

17. Burial, cremation or removal? **Removal**

17 (a) Date **7/9/47** 17 (b) Place **Boston, Mass.**

18. Funeral Director's Signature **Gene Benson**

18 (a) Address **Tarpon Springs, Florida.**

19. Filed **7/9 1947** **W. H. Fletcher** Local Registrar

MEDICAL CERTIFICATION

20. Date of Death: Month **July** Day **7**  
Year **1947** hour **9** Minute **45** P. M.

21. I hereby certify that I attended the deceased from **May 30 1947** To **July 7 1947**  
that I last saw him alive on **7-7 1947**

and that death occurred on the date and hour stated above.

Immediate cause of death

**Cerebral hemorrhage** **stroke**

Due to **Hypertension** **4 yrs**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 8 months of death)

Major findings:

of operations \_\_\_\_\_

(Give date of operation)

of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) (Probably) Accident, suicide, homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? (City or town) (County) (State) \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **W. H. Fletcher** M. D.

(a) Address **Tarpon Springs** Date Signed **7-9-47**

(Registrar of city or town where death occurred)

Resolved and filed

**DEC 16 1947**

(Registrar of City or Town where deceased resided)

DATE FILED

19

19





## The Commonwealth of Massachusetts

Waltham

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF  
CERTIFICATE OF DEATH

Registered No.

239

PLACE OF DEATH

Middlesex

(County)

Waltham

(City or Town)

No.

Murphy General Hospital

St.

(If death occurred in a hospital or institution,  
give its NAME instead of street and number)

Peter Edmands

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

7 Atlantic

Winthrop, Mass.

(a) Residence No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months

days

In this community

yrs.

mos.

days

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

white

5 SINGLE (write the word)

MARRIED  
WIDOWED  
or DIVORCED

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

Stillborn

8

AGE Years Months Days If less than 1 day

Hours Minutes

Usual

9 Occupation:

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

13 NAME OF FATHER Vaughn Frederick Edmands

14 BIRTHPLACE OF FATHER (City)

(State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City)

(State or country)

17 Informant (Address)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

November 6

19 47

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

October

29,

1947

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, performed autopsy

That I attended deceased from

last saw him ~~alive on~~ Oct. 29, 1947, death is said to

have occurred on the date stated above, at 9:25AM m.

Duration

Immediate cause of death

Congenital atelectasis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy as above

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George T. Joyce

M. D.

(Address) Waltham, Mass.

Date 10-29-1947

21 PLACE OF BURIAL, cemetery, Winthrop

CREMATION OR REMOVAL

O'Connell 30

(City or Town) 47

DATE OF BURIAL

19

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

John F. O'Malley

Winthrop, Mass.

Received and filed

November 6, 1947

19

(Registrar of City or Town where deceased resided)





## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

Arlington

(City or town making return)

COPY OF  
CERTIFICATE OF DEATHRegistered No. **418240**

1 PLACE OF DEATH

Middlesex

(County)

Arlington

(City or Town)

No. **12 Florence Avenue**St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

## 2 FULL NAME

**Maida Harger (Coburn)**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.  
War Veteran,  
specify WAR)

(a) Residence. No.

**125 Washington Avenue**St. **Winthrop, Mass.**

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

**Nursing Home**

(Specify whether)

years **8** months

days

In this community **5** yrs. mos.

days

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

**Female**

4 COLOR OR RACE

**white**

5 SINGLE (write the word)

**MARRIED  
WIDOWED  
or DIVORCED****Widowed**

5a If married, widowed, or divorced

HUSBAND of

**George S. Harger** (Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8 AGE **77** Years **8** Months **13** Days

If less than 1 day

Hours Minutes

Usual

9 Occupation:

**At home**

Industry

10 or Business:

**None**

11 Social Security No.

**None**

12 BIRTHPLACE (City)

**Philippi**

(State or country)

**West Virginia**

13 NAME OF

FATHER

**Marshall Coburn**

14 BIRTHPLACE OF

FATHER (City)

**Philippi**

(State or country)

**West Virginia**

15 MAIDEN NAME

OF MOTHER

**Columbia Arnold**

16 BIRTHPLACE OF

MOTHER (City)

**Bowling Green**

(State or country)

**Kentucky**

17 Informant

(Address)

**Miss Margaret Dawson** Relation, if any**125 Washington Ave. (Winthrop)** (Place)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

**November 7****1947**

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATH**November****1****1947**

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

**Jan 5**, 19**42** to **Nov. 1**, 19**47**I last saw her alive on **Oct. 31**, 19**47** death is said tohave occurred on the date stated above, at **2:00 P.** m.

Duration

Immediate cause of death

**Coronary Thrombosis****2 days**

Due to

Due to

Other conditions

**Hypertension**

(Include pregnancy within 3 months of death)

**5 years**

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? **NO**

If so, specify

(Signed) **Louis F. Salerno**(Address) **175 Pleasant St., Winthrop** Date **11-2-1947**

21 PLACE OF BURIAL,

CREMATION OR REMOVAL

**Hillcrest-Springfield**

(Cemetery)

(City or Town)

DATE OF BURIAL **November 3****1947**

22 NAME OF

FUNERAL DIRECTOR

**Alfred B. Marsh**ADDRESS **174 Winthrop St., Winthrop**

Received and filed

**19**

(Registrar of City or Town where deceased resided)

transmitted on 10-1-47 to the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

1. <i>Phragmites australis</i> (Cav.) Rostk Schmidt 2. <i>Scirpus americanus</i> L. 3. <i>Eleocharis acicularis</i> (L.) Rostk Schmidt 4. <i>Sagittaria arifolia</i> (L.) Rostk Schmidt 5. <i>Alisma plantaginifolia</i> (L.) Rostk Schmidt 6. <i>Sparganium angustifolium</i> Michx. 7. <i>Najas</i> sp. 8. <i>Cladophora</i> sp. 9. <i>Chara</i> sp. 10. <i>Hydrocotyle</i> sp.	11. <i>Utricularia</i> sp. 12. <i>Utricularia</i> sp. 13. <i>Utricularia</i> sp. 14. <i>Utricularia</i> sp. 15. <i>Utricularia</i> sp. 16. <i>Utricularia</i> sp. 17. <i>Utricularia</i> sp. 18. <i>Utricularia</i> sp. 19. <i>Utricularia</i> sp. 20. <i>Utricularia</i> sp.
21. <i>Utricularia</i> sp. 22. <i>Utricularia</i> sp. 23. <i>Utricularia</i> sp. 24. <i>Utricularia</i> sp. 25. <i>Utricularia</i> sp. 26. <i>Utricularia</i> sp. 27. <i>Utricularia</i> sp. 28. <i>Utricularia</i> sp. 29. <i>Utricularia</i> sp. 30. <i>Utricularia</i> sp.	31. <i>Utricularia</i> sp. 32. <i>Utricularia</i> sp. 33. <i>Utricularia</i> sp. 34. <i>Utricularia</i> sp. 35. <i>Utricularia</i> sp. 36. <i>Utricularia</i> sp. 37. <i>Utricularia</i> sp. 38. <i>Utricularia</i> sp. 39. <i>Utricularia</i> sp. 40. <i>Utricularia</i> sp.
41. <i>Utricularia</i> sp. 42. <i>Utricularia</i> sp. 43. <i>Utricularia</i> sp. 44. <i>Utricularia</i> sp. 45. <i>Utricularia</i> sp. 46. <i>Utricularia</i> sp. 47. <i>Utricularia</i> sp. 48. <i>Utricularia</i> sp. 49. <i>Utricularia</i> sp. 50. <i>Utricularia</i> sp.	51. <i>Utricularia</i> sp. 52. <i>Utricularia</i> sp. 53. <i>Utricularia</i> sp. 54. <i>Utricularia</i> sp. 55. <i>Utricularia</i> sp. 56. <i>Utricularia</i> sp. 57. <i>Utricularia</i> sp. 58. <i>Utricularia</i> sp. 59. <i>Utricularia</i> sp. 60. <i>Utricularia</i> sp.
61. <i>Utricularia</i> sp. 62. <i>Utricularia</i> sp. 63. <i>Utricularia</i> sp. 64. <i>Utricularia</i> sp. 65. <i>Utricularia</i> sp. 66. <i>Utricularia</i> sp. 67. <i>Utricularia</i> sp. 68. <i>Utricularia</i> sp. 69. <i>Utricularia</i> sp. 70. <i>Utricularia</i> sp.	71. <i>Utricularia</i> sp. 72. <i>Utricularia</i> sp. 73. <i>Utricularia</i> sp. 74. <i>Utricularia</i> sp. 75. <i>Utricularia</i> sp. 76. <i>Utricularia</i> sp. 77. <i>Utricularia</i> sp. 78. <i>Utricularia</i> sp. 79. <i>Utricularia</i> sp. 80. <i>Utricularia</i> sp.
81. <i>Utricularia</i> sp. 82. <i>Utricularia</i> sp. 83. <i>Utricularia</i> sp. 84. <i>Utricularia</i> sp. 85. <i>Utricularia</i> sp. 86. <i>Utricularia</i> sp. 87. <i>Utricularia</i> sp. 88. <i>Utricularia</i> sp. 89. <i>Utricularia</i> sp. 90. <i>Utricularia</i> sp.	91. <i>Utricularia</i> sp. 92. <i>Utricularia</i> sp. 93. <i>Utricularia</i> sp. 94. <i>Utricularia</i> sp. 95. <i>Utricularia</i> sp. 96. <i>Utricularia</i> sp. 97. <i>Utricularia</i> sp. 98. <i>Utricularia</i> sp. 99. <i>Utricularia</i> sp. 100. <i>Utricularia</i> sp.
101. <i>Utricularia</i> sp. 102. <i>Utricularia</i> sp. 103. <i>Utricularia</i> sp. 104. <i>Utricularia</i> sp. 105. <i>Utricularia</i> sp. 106. <i>Utricularia</i> sp. 107. <i>Utricularia</i> sp. 108. <i>Utricularia</i> sp. 109. <i>Utricularia</i> sp. 110. <i>Utricularia</i> sp.	111. <i>Utricularia</i> sp. 112. <i>Utricularia</i> sp. 113. <i>Utricularia</i> sp. 114. <i>Utricularia</i> sp. 115. <i>Utricularia</i> sp. 116. <i>Utricularia</i> sp. 117. <i>Utricularia</i> sp. 118. <i>Utricularia</i> sp. 119. <i>Utricularia</i> sp. 120. <i>Utricularia</i> sp.



Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

Boston

(City or town making return)

COPY OF  
CERTIFICATE OF DEATH

Registered No. 9911 241

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No.

Peter Bent Brigham Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Mary A Does

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 196 Woodside Ave.

(Usual place of abode)

St. Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution years months 24 days. In this community yrs. mos. days.  
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED Married  
WIDOWED  
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Albert S. Does

(Husband's name in full)

6 Age of husband or wife if alive 70 years

7 IF STILLBORN, enter that fact here.

8 AGE 65 Years Months Days If less than 1 day Hours Minutes

Usual

9 Occupation:

Housewife

Industry

10 or Business:

At Home

11 Social Security No.

None

12 BIRTHPLACE (City)

(State or country)

Boston Mass.

13 NAME OF

FATHER

Patrick Mullen

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME

OF MOTHER

Hannah McGinn

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Ireland

17 Informant

(Address)

Husband

(Relation, if any)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Nov. 19/47

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

Nov/14/47

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Oct. 21

19 47, to

Nov/14/47

I last saw him/her alive on Nov/14/47 19 47, death is said to

have occurred on the date stated above, at 9:55PM m.

Immediate cause of death

Papillary carcinoma of bladder

Duration

Mos.

Due to Hypertensive cardio vascular disease

Yrs

Due to Pulmonary emboli

Term.

Other conditions

(Include pregnancy within 3 months of death)

Physician

Major findings:

Of operations

Same-Bilateral ureteral transpl. Date of Nov. 1, 1947

Of autopsy See above

What test confirmed diagnosis? autopsy

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) N. A. Wilhelm  
(Address) Boston Mass

Date 11-15, 47 M. 87

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Holyhood-Brookline Mass.

(Cemetery)

(City or Town)

DATE OF BURIAL

Nov. 18/47

19

22 NAME OF FUNERAL DIRECTOR

M. W. Kirby

ADDRESS

Winthrop Mass.

Received and filed

DEC 30 1947

19

(Registrar of City or Town where deceased resided)





THIS IS A PERMANENT RECORD  
 Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m (c)-1-1-4667

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

COPY OF  
CERTIFICATE OF DEATH

Somerville

(City or town making return)

Registered No. 73242

1 PLACE OF DEATH  
Middlesex  
(County)  
Somerville  
(City or Town)  
No. Home for the Aged, 186 Highland Ave.



(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth A. Griffin  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence, No. 31 Hale Ave., Winthrop. St.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution years 1 months 12 days. In this community 8 yrs. mos. days.  
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED Single WIDOWED or DIVORCED

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 94 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Retired

10 Industry or Business: Governess

11 Social Security No. ---

12 BIRTHPLACE (City) Boston, (State or country) Mass.

13 NAME OF FATHER Bartholomew Griffin

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Mary O'Connell

16 BIRTHPLACE OF MOTHER (City) Ireland. (State or country)

17 Informant Mrs. Daniel Geary (Address) 31 Hale Ave., Winthrop, Mass. (Relation, if any) Cousin

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Nov. 17, 19 47.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. 17, 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct. 1, 19 47 to Nov. 17, 1947. I last saw her alive on Oct. 16, 1947, death is said to have occurred on the date stated above, at 5.25 A.m.

Duration

Immediate cause of death: General Arteriosclerosis 2 Years Hypostatic pneumonia 3 Wks Due to Chr. Myocarditis 6 Mons

Due to

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ciro Giobbe, M. D. (Address) 487 Som. Ave., Som. Date 11/17/47

21 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary Cem., Boston (Cemetery) (City or Town)

DATE OF BURIAL Nov. 19, 1947

22 NAME OF FUNERAL DIRECTOR John F. O'Maley ADDRESS 79 Atlantic St., Winthrop

Received and filed DEC 11 1947 19

(Registrar of City or Town where deceased resided)





Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-303 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

COPY OF  
CERTIFICATE OF DEATH

Danvers  
(City or town making return)

Registered No. 243

PLACE OF DEATH

Essex  
(County)

Danvers  
(City or Town)

No. Danvers State Hospital, Hathorne

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Herbert C. Worthley  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 199 Winthrop St., Winthrop, Mass.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: in hospital or institution..... years 1 months 7 days. In this community yrs. mos. days.  
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

5a If married, widowed, or divorced. HUSBAND of Hattie Haskell  
(Give maiden name of wife in full)  
(or) WIFE of  
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 63 Years ..... Months ..... Days | If less than 1 day Hours ..... Minutes

Usual Occupation: shoe worker

Industry or Business:

11 Social Security No. Cannot be learned

12 BIRTHPLACE (City) Lynn  
(State or country) Mass.

13 NAME OF FATHER John Worthley

14 BIRTHPLACE OF FATHER (City) Antrim  
(State or country) New Hampshire

15 MAIDEN NAME OF MOTHER Josephine Brackett

16 BIRTHPLACE OF MOTHER (City) Swampscott  
(State or country) Mass.

17 Informant Mary K. McPhillips (Relation, if any)  
(Address) Hathorne, Mass.

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Dec. 8 19 47

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 26 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1947, to Nov. 26, 1947.  
I last saw him alive on Nov. 26, 1947, death is said to have occurred on the date stated above, at 10:10 p.m.

Immediate cause of death..... Anteriosclerotic heart disease 5 yrs.  
Due to Hypertension 5 yrs.

Due to.....

Other conditions (Include pregnancy within 3 months of death) Physician

Major findings: Of operations..... Date of..... Underline the cause to which death should be charged statistically.

Of autopsy.....

What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) Francis X. Sullivan, M. D.  
(Address) Hathorne, Mass. Date 11/28/19 47

21 PLACE OF BURIAL, Pine Grove Cem., Lynn  
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL Nov. 29 19 47

22 NAME OF FUNERAL DIRECTOR Kirby Brothers  
ADDRESS Winthrop

Received and filed DEC 10 1947 19

(Registrar of City or Town where deceased resided)





## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

Boston

(City or town making return)

COPY OF  
CERTIFICATE OF DEATH

Registered No. 103241



1 PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Infants' Hosp

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME

Leigh Burrall

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

476 Shirley

St.

Winthrop

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

hosp

years

months 3 days.

In this community

yrs.

mos.

days.

(Before death)

(Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8 AGE Years Months 3 Days | If less than 1 day

Hours Minutes

Usual

9 Occupation:

none

Industry

none

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

Winthrop

(State or country)

13 NAME OF

FATHER

Leigh Burrall

14 BIRTHPLACE OF

FATHER (City)

E Machaise Me

(State or country)

15 MAIDEN NAME

OF MOTHER

Helene Herald

16 BIRTHPLACE OF

MOTHER (City)

Boston

(State or country)

17 Informant

father

(Relation, if any)

(Address)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

12/5/47

19

18 DATE OF  
DEATH

Dec. 2, 1947

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

11/29/47

19

to

12/2/47

19

I last saw him alive on 12/2/47, 19, death is said to

have occurred on the date stated above, at 2 30 P. M.

Duration

Immediate cause of death

atalectasis

3 da

Due to Intrauterine anoxia

&amp; amniotic sac content as-

Due to piration

Other conditions pneumonia

(Include pregnancy within 3 months of death)

Physician

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

R Klein

M. D.

(Address) 300 Longwood Av. Date 12/19/47

21 PLACE OF BURIAL,  
CREMATION OR REMOVAL

Winthrop-Winthrop

(Cemetery)

(City or Town)

DATE OF BURIAL

12/3/47

19

22 NAME OF

FUNERAL DIRECTOR

H S Reynolds

ADDRESS

Winthrop

Received and filed

DEC 30 1947

19

(Registrar of City or Town where deceased resided)





1 PLACE OF DEATH

Suffolk  
(County)  
Wentworth  
(City or Town)The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 245

No. \_\_\_\_\_ St. \_\_\_\_\_ (If death occurred in a hospital or institution,  
give its NAME instead of street and number)2 FULL NAME Mary E Moore (McKeague)  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)(a) Residence, No. 48 Edge Hill Rd. St. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In hospital or institution \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.  
(Before death) (Specify whether) \_\_\_\_\_ weeks  
In this community 3 yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Widowed

5a If married, widowed, or divorced

HUSBAND of \_\_\_\_\_  
(or) WIFE of Charles A Moore  
(Give maiden name of wife)  
(Husband's name in full)

6 Age of husband or wife if alive \_\_\_\_\_ years

7 IF STILLBORN, enter that fact here.

8 AGE 59 Years \_\_\_\_\_ Months \_\_\_\_\_ Days | If less than 1 day  
Hours \_\_\_\_\_ Minutes

9 Usual Occupation: at home

10 Industry or Business: housewife

11 Social Security No. none

12 BIRTHPLACE (City) Roxbury Mass  
(State or country)

13 NAME OF FATHER Philip W. McKeague

14 BIRTHPLACE OF FATHER (City) Scotland  
(State or country)

15 MAIDEN NAME OF MOTHER Margaret Fuller

16 BIRTHPLACE OF MOTHER (City) Boston  
(State or country)

PARENTS

17 Informant Eleanor E. Kaiser Relation, if any  
(Address) 48 Edge Hill Rd. (Daughter)I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued.

(Signature of Agent of Board of Health or other)

Health Officer 12/6/47  
(Official Designation) (Date of Issue of Permit)18 DATE OF DEATH Dec 4 1947  
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from  
April 15, 1946, to Dec 4, 1947I last saw him alive on Dec 4, 1947 death is said to  
have occurred on the date stated above, at 5:45 P. M.

Immediate cause of death

Carcinomatosis

Duration

IMPORTANT

Due to Carcinoma heart

Due to

Other conditions  
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:  
Of operations

Physician

Date of

Of autopsy

What test confirmed diagnosis?

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.20 Was disease or injury in any way related to occupation of deceased? no  
If so, specify(Signed) J. E. Kaiser M. D.  
(Address) 48 Edge Hill Rd. Date 12-5-194721 Place of Burial, Cremation or Removal. Wentworth Cemetery  
(City or Town)

DATE OF BURIAL Dec 6, 1947

22 NAME OF FUNERAL DIRECTOR Maurice King  
ADDRESS 210 Wentworth St.

Received and filed DEC 10 1947

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. **246**

1 PLACE OF DEATH  
Suffolk (County)  
Winthrop (City or Town)  
No. 10 Beach Rd.



St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Abraham Greenberg  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) No

(a) Residence, No. 10 Beach Road

(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: in hospital or institution  
(Before death)

(Specify whether)

years

months

days

In this community 2 yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)  
MARRIED Married  
WIDOWED  
or DIVORCED

5a If married, widowed or divorced  
HUSBAND of Clara Korafsky  
(Give maiden name of wife in full)  
(or) WIFE of \_\_\_\_\_  
(Husband's name in full)

6 Age of husband or wife if alive 63 years

7 IF STILLBORN, enter that fact here.

8 AGE 69 Years Months Days | If less than 1 day  
Hours Minutes

9 Usual Occupation: Caultry Dealer

10 Industry or Business: Retired

11 Social Security No. None

12 BIRTHPLACE (City)  
(State or country) Russia

13 NAME OF FATHER Eli Greenberg

14 BIRTHPLACE OF FATHER (City)  
(State or country) Russia

15 MAIDEN NAME OF MOTHER Chyllis (cannot be learned)

16 BIRTHPLACE OF MOTHER (City)  
(State or country) Russia

17 Informant Clara Greenberg (Religion, if any)  
(Address) 10 Beach Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

Walter A. Baker  
(Signature of Agent of Board of Health or other)

Deputy Officer  
(Official Designation)

12/6/47  
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 6 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him \_\_\_\_\_, alive on \_\_\_\_\_, 19\_\_\_\_, death is said to  
have occurred on the date stated above, at 5:50 P. m.

Immediate cause of death \_\_\_\_\_

Duration

Coronary Occlusion

IMPORTANT

Due to Chronic Nephritis

hours

Due to with Hypertension

years

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations \_\_\_\_\_

Physician

Date of \_\_\_\_\_

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically

Of autopsy \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

20 Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) Arthur C. Morrison M. D.  
(Address) Winthrop Board of Health Date Dec 1947

21 Chronic Nephritis Cause of Death  
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL December 7 1947

22 NAME OF FUNERAL DIRECTOR Benjamin Bernbach

ADDRESS 100 Washington St. Dorchester

Received and filed \_\_\_\_\_ 19\_\_\_\_

DEC 10 1947

(Registrar)

**EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE  
RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE \_\_\_\_\_

DATE OF DISCHARGE \_\_\_\_\_

RANK, RATING \_\_\_\_\_

ORGANIZATION AND OUTFIT \_\_\_\_\_

SERVICE NUMBER \_\_\_\_\_



See instructions in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-9-4-4-14955

PLACE OF DEATH

Suffolk  
(County)Wentworth  
(City or Town)

No.

63 Coral Ave.



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD

CERTIFICATE OF DEATH

Registered No.

247

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number) }

2 FULL NAME

Barney Kolodny

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

63 Coral Ave.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution  
(Before death)

(Specify whether)

years

months

days.

In this community 15 yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR DR RACE

White

5 SINGLE (write the word)

MARRIED  
WIDDED  
OR DIVORCED

married

5a If married, widowed or divorced

HUSBAND of

Slawa Gallova

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

76

years

7 IF STILLBORN, enter that fact here.

8

AGE

76

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

General Merchandise

10 Industry

or Business:

Retired

11 Social Security No.

none

12 BIRTHPLACE (City)

(State or Country)

Russia

13 NAME DF

FATHER

Barnett Kolodny

14 BIRTHPLACE DF

FATHER (City)

(State or Country)

Russia

15 MAIDEN NAME

DF MOTHER

Rebecca - ~~unknown~~

16 BIRTHPLACE DF

MOTHER (City)

(State or Country)

Russia

17

Informant  
(Address)Slawa Kolodny (Religion, if any)  
63 Coral Ave. Wentworth

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed  
with me BEFORE the burial or transfer permit was issued:

Walter H. Baker  
(Signature of Agent of Board of Health or other)

Health Officer  
(Official Designation)

12/6/47  
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATH

December 6

1947

(Month)

(Day)

(Year)

19

I HEREBY CERTIFY,

That I attended deceased from

March 1946

to

December 6

1947

I last saw him alive on

December 6, 1947

have occurred on the date stated above, at

4:15 p. m.

Immediate cause of death

Cardiac decompensation

Duration

IMPORTANT

6 weeks

Due to

Atherosclerotic heart disease

6 months

Due to

Chronic bronchitis  
with emphysema

5 years

Other conditions

(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations

none

Of autopsy

none

Date of

What test confirmed diagnosis?

clinical

Physician

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

20 Was disease or injury in any way related to occupation of deceased?

It so, specify

Paul J. Weisrafft

(Signed)

134 York Ave.

Date

12-10

M. D.

1947

21

Place of Burial, Cremation or Removal.

DATE OF BURIAL

Dec 7,

1947

22 NAME DF

FUNERAL DIRECTOR

ADDRESS

Philip Hymanson  
Lynn, Mass.

Received and Filed

DEC 10 1947  
(Registrar)

19

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION



WHILE LIVING, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-36-19068

1

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No.

190

Lincoln St

2

FULL NAME

Michael J. Ruane

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a)

Residence. No.

190 Lincoln St

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months

days.

In this community

19

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Widowed

5a If married, widowed or divorced

HUSBAND of.

Catherine Moran

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8 AGE

83

Years

Months

Days

If less than 1 day

Hours

Minutes

9 Usual Occupation:

Farmer

10 Industry or Business:

Farm

11 Social Security No.

12 BIRTHPLACE (City)

(State or Country)

Ireland

13 NAME OF FATHER

Charles Ruane

14 BIRTHPLACE OF FATHER (City)

(State or Country)

Ireland

15 MAIDEN NAME OF MOTHER

Bridget May

16 BIRTHPLACE OF MOTHER (City)

(State or Country)

Ireland

17 Informant (Address)

Mrs. Carl Hoffman Daughter

190 Lincoln St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter S. Bailey

(Signature of Agent or Board of Health or other)

Health Officer

(Official Designation)

12/8/47

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

December

7<sup>th</sup>

1947

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Nov. 5

19 47

to

Dec 7<sup>th</sup>

19 47

I last saw him alive on

Dec 7

19 47

death is said to have occurred on the date stated above, at

9<sup>30</sup> P

m.

Duration

1 mo.

Immediate cause of death

Coronary occlusion

Due to

Arterio-sclerotic Heart Disease

Due to

None

Other conditions

None

(Include pregnancy within 3 months of death)

Major findings: Of operations

None

Date of

Of autopsy

What test confirmed diagnosis?

None

20 Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Myron M. King

(Address)

562 Shirley St. Winthrop

Date

Dec 7

19 47

21

Wollaston

Quincy

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

Dec 10

1947

19

22 NAME OF FUNERAL DIRECTOR

John H. O'Malley

ADDRESS

Winthrop

Received and Filed

DEC 10 1947

19

(Registrar)

PHYSICIAN-IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR)

IMPORTANT

Physician

Underline the cause to which death should be charged statistically.

**EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE  
RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

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**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE \_\_\_\_\_

DATE OF DISCHARGE \_\_\_\_\_

RANK, RATING \_\_\_\_\_

ORGANIZATION AND OUTFIT \_\_\_\_\_

SERVICE NUMBER \_\_\_\_\_

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be cremated supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Sec. 10, requires physicians to insert a recital to that effect.

100m-(11-1-45 1-5-50)

1 PLACE OF DEATH		Suffolk (County)		Winthrop (City or Town)		No. 110 Circuit Road		OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		Registar's No. 249	
2 FULL NAME		Amelia Elizabeth Rausch (If deceased is a married, widowed or divorced woman, give also maiden name.)						St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)		{ PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)	
(a) Residence. No.		110 Circuit Road (Usual place of abode)						St.		(If nonresident, give city or town and State)	
Length of stay: In hospital or Institution		years		months		days.		In this community		17 yrs. mos. days.	
(Before death)		(Specify whether)									
PERSONAL AND STATISTICAL PARTICULARS										MEDICAL CERTIFICATE OF DEATH	
3 SEX		4 COLOR OR RACE		5 SINGLE (write the word)		18 DATE OF DEATH		19 I HEREBY CERTIFY, That I attended deceased from		Duration	
Female		White		MARRIED or WIDOWED or DIVORCED Widowed		Jan 9 1947 (Month) (Day) (Year)		Jan 15, 1947, to Jan 9, 1947		IMPORTANT	
5a If married, widowed, or divorced HUSBAND of		(Give maiden name of wife in full)						I last saw h. alive on		12.45 AM.	
(or) WIFE of		Christian Rausch (Husband's name in full)						Jan 8, 1947, death is said to have occurred on the date stated above, at		Immediate cause of death.	
6 Age of husband or wife if alive		years						Due to		Cerebral Embolism	
7 IF STILLBORN, enter that fact here.								Due to		Anterior pneumonia	
8 AGE 88 Years 0 Months 13 Days		If less than 1 day Hours Minutes						Other conditions		IMPORTANT	
9 Usual Occupation: Housewife								Major findings: Of operations		Physician	
10 Industry or Business: At Home								Of autopsy		Underline the cause to which death should be charged statistically.	
11 Social Security No. None								What test confirmed diagnosis?			
12 BIRTHPLACE (City) (State or country)		Germany						20 Was disease or Injury in any way related to occupation of deceased? 20			
13 NAME OF FATHER		George Rudolph						If so, specify (Signed) P. J. Mahoney, M. D.			
14 BIRTHPLACE OF FATHER (City) (State or country)		Germany						(Address) 4 Washington St. Date 12-11-1947			
15 MAIDEN NAME OF MOTHER		Elizabeth Hoerle						21 Woodlawn Everett			
16 BIRTHPLACE OF MOTHER (City) (State or country)		Germany						Place of Burial, Cremation or Removal. (City or Town)			
17 Informant (Address)		Amelia Rausch, Daughter 110 Circuit Rd. Winthrop						DATE OF BURIAL Dec 12 1947			
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:		Walter E. Baker						22 NAME OF FUNERAL DIRECTOR		Howard S. Reynolds	
(Signature of Agent of Board of Health or other Health officer)		12/12/47						ADDRESS		W. S. Reynolds, Mass.	
(Official Designation)								Received and filed		DEC 13 1947	
(Date of Issue of Permit)								A TRUE COPY ATTEST:		(Registrar)	

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Sec. 10, requires physicians to insert a recital to that effect.

100m-(1)-4-45-15510

PLACE OF DEATH

1

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Otis P Waite  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 14 George Street  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or Institution Hosp. years months 1 days. In this community yrs. mos. days.  
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

5a If married, widowed, or divorced HUSBAND of

(or) WIFE of (Give maiden name of wife in full)  
(Husband's name in full)

6 Age of husband or wife if alive. years

7 IF STILLBORN, enter that fact here.

8 AGE 86 Years 8 Months Days If less than 1 day Hours Minutes

9 Occupation: Retired (years)

10 Industry or Business: Livery Business

11 Social Security No.

12 BIRTHPLACE (City) Milford  
(State or country) Mass

13 NAME OF FATHER John I. Waite

14 BIRTHPLACE OF FATHER (City) Moneston  
(State or country) Mass

15 MAIDEN NAME OF MOTHER Martha Jackson

16 BIRTHPLACE OF MOTHER (City) England  
(State or country)

17 Signature of Agent of Board of Health of other, Walter H. Baker  
(Official Designation) Health Officer

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health of other)

(Date of Issue of Permit) 12/13/47

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

(City or town making return)

Registrar's No.

250

PHYSICIAN-IMPORTANT  
(Was deceased a U. S. War Veteran, if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 18 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 25- 1947, to December 18, 1947

I last saw him alive on Dec 18, 1947, death is said to have occurred on the date stated above, at 9:40 P.M.

Immediate cause of death Hypertensive Heart Disease Duration IMPORTANT 4 years

Due to Arterio-sclerosis 10 years  
Cancer of the neck ?

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: none Physician IMPORTANT

Date of

Of autopsy: none Underline the cause to which death should be charged statistically.

What test confirmed diagnosis? clinical

20 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) G. S. Dickinson, M. D.

(Address) Winthrop Mass Date 12/12 1947

Place of Burial, Cremation or other (City or Town)

DATE OF BURIAL Dec 15 1947

22 NAME OF FUNERAL DIRECTOR Geo. S. Dickinson

ADDRESS 1000 Main St. Winthrop Mass

Received and filed DEC 13 1947 19

A TRUE COPY ATTEST: (Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD  
Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

30m-(b)-6-44-14607

1 PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Peter Bent Brigham Hospital

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS



Boston

(City or town making return)

COPY OF  
CERTIFICATE OF DEATH

Registered No. 106961

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Santarpio  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 187 Shore Drive St. Winthrop Mass.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution years 1 months 10 days. In this community yrs. mos. days.  
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word) MARRIED Single  
WIDOWED  
or DIVORCED

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 41 Years Months Days If less than 1 day Hours Minutes

Usual Occupation: Baker

Industry Retired  
10 or Business:

11 Social Security No. None

12 BIRTHPLACE (City) Boston Mass.  
(State or country)

13 NAME OF FATHER Frank Santarpio

14 BIRTHPLACE OF FATHER (City) Italy  
(State or country)

15 MAIDEN NAME OF MOTHER Michelina Fierro

16 BIRTHPLACE OF MOTHER (City) Italy  
(State or country)

17 Informant Father (Relation, if any)  
(Address)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Dec. 16/47 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. 13/47  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 3/47, 19 to Dec. 13, 1947  
I last saw him alive on Dec. 13, 1947, death is said to have occurred on the date stated above, at 10 AM m. Duration

Immediate cause of death: Rheumatic heart disease Yrs  
Aortic insufficiency Yrs  
Due to Mitral insufficiency stenosis

Due to Uremia Terms  
Other conditions (Include pregnancy within 3 months of death) Physician

Major findings: None Underline  
Of operations the cause to which death should be charged statistically.

Of autopsy Clinical  
What test confirmed diagnosis?  
20 Was disease or injury in any way related to occupation of deceased?  
If so, specify N A Wilhelm M. D.  
(Signed) (Address) 721 Huntington Ave. Date 12-13, 47

21 PLACE OF BURIAL, Holy Cross-Malden Mass.  
CREMATION OR REMOVAL (Cemetery) (City or Town)  
DATE OF BURIAL Dec. 17/47 19

22 NAME OF FUNERAL DIRECTOR V Rapino  
ADDRESS Boston Mass.

Received and filed JAN 5 19  
(Registrar of City or Town where deceased resided)





should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m. (g.) 1-45-15510

1 PLACE OF DEATH

*Suffolk*  
(County)  
*Wentworth*  
(City or Town)

No. *190 Shore Drive*

2 FULL NAME

*Ether Cohen*

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

*190 Shore Drive*

(Usual place of abode)

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

**252**

PHYSICIAN - IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR)

*No*

St.

*Wentworth Mass*  
(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months

days

In this community

*21* yrs

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of

*Map Cohen*

(Give maiden name in full)  
(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE

*74* Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

*Housework*

Industry

10 or Business:

*at home*

11 Social Security No.

*none*

12 BIRTHPLACE (City)

(State or country)

*Russia*

13 NAME OF

FATHER

*Benjamin Lebowitz*

14 BIRTHPLACE OF

FATHER (City)

(State or country)

*Russia*

15 MAIDEN NAME

OF MOTHER

*Sarah (cannot be learned)*

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

*Russia*

17

Informant

(Address)

*Sally Greenstein (Wentworth, Mass)*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

*Heather S. Napier*

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATH

*December*

*16*

*1947*

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from  
*September 30, 1945, to December 16, 1947*

I last saw her alive on *Dec - 16, 1947* death is said to

have occurred on the date stated above, at *12:45 P* m.

Immediate cause of death

Duration

*Coronary thrombosis* **IMPORTANT** *16 hours*

Due to *Arterio sclerotic heart disease 2 years*

Due to *generalized arterio sclerosis and hypertension* *2 years*

Other conditions *anemia* *2 year*

(Include pregnancy within 3 months of death)

**IMPORTANT**

Major findings:

Of operations

Physician

Underline the cause to which death should be charged statistically

Date of

Of autopsy

What test confirmed diagnosis? *Clinical*

20 Was disease or injury in any way related to occupation of deceased? *no*

If so, specify

(Signed)

(Address)

*238 Shore Drive*

*Wentworth, Mass*

Date *12/16, 1947*

21

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

*December 17, 1947*

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

*Benjamin Birnback*  
*21 Washington St. Woburn*

Received and filed

*DEC 22 1947*

19

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m.-(R)-1-45-15510

PLACE OF DEATH

Suffolk  
(County)

Winthrop  
(City or Town)

No. Winthrop Com. Hospital

2 FULL NAME

Jennie Rodophele  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence No. 618 Saratoga  
(Usual place of abode)

St. East Boston  
(If nonresident, give city or town and State)

Length of stay: In hospital 5 days years months days. In this community 45 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED Widowed or DIVORCED

5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) Giovanni Rodophele (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 63 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: House wife

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Italy (State or country)

13 NAME OF FATHER Gasparo Fiari

14 BIRTHPLACE OF FATHER (City) Italy (State or country)

15 MAIDEN NAME OF MOTHER Angilina (unable to obtain)

16 BIRTHPLACE OF MOTHER (City) Italy (State or country)

17 Informant Joe Rodophele (Address) 618 Saratoga St. E. B. (Relation, if any) Son

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter A. Baker  
(Signature of Agent of Board of Health or other)  
Health Officer 12/22/47  
(Official Designation) (Date of issue of Permit)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 253

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR) NO

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 19, 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1947, to Dec. 19, 1947

I last saw her alive on Dec 19, 1947, death is said to

have occurred on the date stated above, at 1:20 P. M.

Immediate cause of death Acute coronary

Chronic Myocarditis

Due to Myocarditis 15 yrs

Due to Myocarditis 15 yrs

Due to Myocarditis 15 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

What test confirmed diagnosis? Cholesterol

20 Was disease or injury in any way related to occupation of deceased

If so, specify

(Signed) M. O.

(Address) 19 Saratoga St. E. B. 1947

21 Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL 12-23-47 1947

22 NAME OF FUNERAL DIRECTOR

ADDRESS 618 Saratoga St. E. B.

Received and filed 19

DEC 22 1947

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-46-19063

1 PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 251

No. 26 Read St

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number.)

2 FULL NAME James A. Doherty

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 26 Read St

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution  
(Before death)

(Specify whether)

years

months

days.

In this community 15 yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED

Male

White

Married

5a If married, widowed or divorced  
HUSBAND of: Lillian Cocoran

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive 52 years

7 IF STILLBORN, enter that fact here.

8 AGE

59

Years

Months

Days

If less than 1 day  
Hours Minutes

9 Occupation:

Usual

Maintenance

10 Industry

or Business:

Air Port

11 Social Security No.

12 BIRTHPLACE (City)  
(State or Country)

Boston

Mass

13 NAME OF

FATHER

James Doherty

14 BIRTHPLACE OF

FATHER (City)

(State or Country)

Ireland

15 MAIDEN NAME

OF MOTHER

Rose McLoughlin

16 BIRTHPLACE OF

MOTHER (City)

(State or Country)

Ireland

17

Informant

(Address)

Lillian Doherty

26 Read St

(Relation of any)

Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed  
with me BEFORE the burial or transit permit was issued:

Walter G Baker

(Signature of Agent Board of Health or other)

H.O.

(Official Designation)

Dec 20/47

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATH

December 20, 1947.

(Month)

(Day)

(Year)

19

I HEREBY CERTIFY,

That I attended deceased from

, 19

, to

, 19

I last saw h

alive on

, 19

, death is said to

have occurred on the date stated above, at 4.30 A. M.

Immediate cause of death

Coronary Embolism

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

C. Thompson  
on Board of Health

Date 12-20-1947

M. D.

21

Winthrop Winthrop

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL Dec. 22, 1947

19

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

John F. O'Malley  
Winthrop Mass

Received and Filed

DEC 22 1947

19

(Registrar)

PHYSICIAN-IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

Duration  
IMPORTANT

IMPORTANT

Physician  
Underline  
the cause to  
which death  
should be  
charged statistically.

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires-physicians to insert a recital to that effect.

100m-(g)-1-45-15510

PLACE OF DEATH

1

No.

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months

days

In this community

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED  
WIDDED  
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE

61

Years

Months

Days

If less than 1 day

Hours

Minutes

9 Usual

Occupation:

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

13 NAME OF  
FATHER

14 BIRTHPLACE OF  
FATHER (City)

(State or country)

15 MAIDEN NAME  
OF MOTHER

16 BIRTHPLACE OF  
MOTHER (City)

(State or country)

17

Informant  
(Address)

(Relation to my)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No.

255

(If death occurred in a hospital or institution,  
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

No

St.

(If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATH

Dec

20

1947

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

30 Dec, 1947, to 20 Dec, 1947

I last saw him alive on 30 Dec, 1947, death is said to

have occurred on the date stated above, at 10:15 p.m.

Immediate cause of death

Cardiac infarction, posterior

Due to

Coronary artery heart disease

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

What test confirmed diagnosis

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Benjamin Birmbach M. D.

(Address) 106 Washington St., Boston, Mass.

Place of Burial, Cremation or Removal

DATE OF BURIAL December 22 1947

22 NAME OF  
FUNERAL DIRECTOR

ADDRESS 106 Washington St., Boston, Mass.

Received and Read

DEC 27 1947

19

(Registrar)

**EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE  
RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 38, Sec. 6.

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE \_\_\_\_\_

DATE OF DISCHARGE \_\_\_\_\_

RANK, RATING \_\_\_\_\_

ORGANIZATION AND OUTFIT \_\_\_\_\_

SERVICE NUMBER \_\_\_\_\_



so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

50m. (f)-6-43-12056

PLACE OF DEATH

Su/olk  
(County)

Wentworth  
(City or Town)

No. 30 Dolphin ave Wentworth



OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

Registered No. 256

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

George C. Kelley

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT

(Was deceased a U. S. War Veteran, If so specify WAR) no

(a) Residence, No.

68 Beacon St. Wentworth

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months

days

In this community 15 yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED single  
WIDOWED  
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE

49

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Electrician

Industry

10 or Business:

General Work

11 Social Security No.

C.N.B.L.

12 BIRTHPLACE (City)

(State or country)

East Boston

13 NAME OF FATHER

James H. Kelley

14 BIRTHPLACE OF FATHER (City)

(State or country)

New Bedford  
Mass.

15 MAIDEN NAME OF MOTHER

Anna Mullen

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Maine

PARENTS

17

Informant

(Address)

Mr. Monaghan  
30 Beacon St. Wentworth

Relationship (If any)

(State)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued:

Walter A. Raper

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

12/22/47

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

December-20-1947

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Acute Cardiac Failure  
Probably Bilateral Pneumonia

20 Accident, suicide, or homicide (specify)

Date of occurrence

19

Where did injury occur?

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place?

(Specify type of place)

Manner of Injury

Nature of Injury

While at work?

Was there an autopsy?

no

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

(City or town and State)

Date

12-20-1947

22 Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

Dec 23

1947

23 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed

19

DEC 22 1947

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT



DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-46-1906B



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No.

257

PLACE OF DEATH

1

(County)  
Winthrop  
(City or Town)

No. 45 Sea Foam Ave

St. { (If death occurred in a hospital or institution  
give its NAME instead of street and number)

2 FULL NAME

MORRIS SchRESKY

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

45 Sea Foam Ave

St.

Winthrop

(If nonresident, give city or town and State)

Length of stay: In hospital or institution  
(Before death)

(Specify whether)

years

months

days.

In this community yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED  
WIDOWED  
or DIVORCED

MARRIED

5a If married, widowed or divorced  
HUSBAND of

Dora Wapner

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

63

years

7 IF STILLBORN, enter that fact here.

8

AGE 63

Years

Months

Days

If less than 1 day

Hours

Minutes

9 Occupation:

Interior Decorator

10 Industry  
or Business:

Decorating Company

11 Social Security No.

028-01-0107

12 BIRTHPLACE (City)  
(State or Country)

N.Y. City

13 NAME OF  
FATHER

Louis Schresky

14 BIRTHPLACE OF  
FATHER (City)  
(State or Country)

Russia

15 MAIDEN NAME  
OF MOTHER

Rose (unknown)

16 BIRTHPLACE OF  
MOTHER (City)  
(State or Country)

Russia

17 Informant  
(Address)

Louis Schresky (Son)  
45 Sea Foam Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed  
with me BEFORE the burial or transit permit was issued:

Walter A. Baker  
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

12/22/47

MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATH

December 21, 1947

(Month)

(Day)

(Year)

19

I HEREBY CERTIFY, That I attended deceased from

Dec 5, 1944, to Dec 21, 1947

I last saw him alive on Dec 21, 1947 death is said to  
have occurred on the date stated above, at 2:30 P. m.

Immediate cause of death

Cerebral hemorrhage

Duration

IMPORTANT

Due to

Heart Disease

Due to

Heart Disease

Other conditions

Arteriosclerosis

(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:  
Of operations

Date of

Of autopsy

What test confirmed diagnosis?

X-Ray

20 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed)

H. B. Greenfield

M. D.

(Address)

47 Shirley Street

Date

Dec 21, 1947

21 Ind. Place of Burial, Cremation or Removal

Ind. Place of Burial, Cremation or Removal

DATE OF BURIAL

Dec 22

1947

22 NAME OF  
FUNERAL DIRECTOR

Louis Schresky

ADDRESS

127d Blue Hill Ave Matt

Received and Filed

DEC 22 1947

19

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



N.B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-9-44-14955

<p><b>PLACE OF DEATH</b></p> <p>1 <b>Suffolk</b> (County)</p> <p>1 <b>Winthrop</b> (City or Town)</p> <p>No. <b>Winthrop Comm. Hospital</b></p>		<p><b>The Commonwealth of Massachusetts</b></p> <p><b>OFFICE OF THE SECRETARY</b></p> <p><b>DIVISION OF VITAL STATISTICS</b></p> <p><b>STANDARD</b></p> <p><b>CERTIFICATE OF DEATH</b></p>		<p>To be filed for burial permit with Board of Health or its Agent.</p> <p>Registered No. <b>258</b></p>	
<p>2 FULL NAME <b>Baby(boy) Ranieri</b></p> <p>(If deceased is a married, widowed or divorced woman, give also maiden name.)</p> <p>(a) Residence. No. <b>44 Frankfort St.</b></p> <p>(Usual place of abode)</p>		<p>St. <b>East Boston</b></p> <p>(If nonresident, give city or town and State)</p>		<p><b>PHYSICIAN-IMPORTANT</b></p> <p>(Was deceased a U. S. War Veteran, if so specify WAR)</p>	
<p>Length of stay: In hospital or institution (Before death) (Specify whether)</p> <p>years months days</p>		<p>In this community yrs. mos. days.</p>			
<p><b>PERSONAL AND STATISTICAL PARTICULARS</b></p>					
<p>3 SEX <b>Male</b></p>		<p>4 COLOR OR RACE <b>White</b></p>		<p>5 SINGLE (write the word) <b>MARRIED</b> <b>WIDOWED</b> or <b>DIVORCED</b> <b>Single</b></p>	
<p>5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full)</p> <p>(or) WIFE of (Husband's name in full)</p>					
<p>6 Age of husband or wife if alive years</p>					
<p>7 IF STILLBORN, enter that fact here. <b>Stillborn</b> ✓</p>					
<p>8 AGE Years Months Days If less than 1 day Hours Minutes</p>					
<p>9 Occupation:</p>					
<p>10 Industry or Business:</p>					
<p>11 Social Security No.</p>					
<p>12 BIRTHPLACE (City) (State or Country) <b>Winthrop, Mass.</b></p>					
<p><b>PARENTS</b></p>					
<p>13 NAME OF FATHER <b>Oscar Ranieri</b></p>					
<p>14 BIRTHPLACE OF FATHER (City) (State or Country) <b>Boston Mass.</b></p>					
<p>15 MAIDEN NAME OF MOTHER <b>Zubryzcha</b> <b>Frances Zubracka</b></p>					
<p>16 BIRTHPLACE OF MOTHER (City) (State or Country) <b>Boston Mass.</b></p>					
<p>17 Informant (Address) <b>Oscar Ranieri (Father)</b> <b>44 Frankfort St. East Boston</b></p>					
<p>I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:</p> <p><b>Walter E. Baker</b> (Signature of Agent or Board of Health or other)</p> <p><b>Health Officer</b> (Official Designation) <b>1/2/48</b> (Date of Issue of Permit)</p>					
<p><b>MEDICAL CERTIFICATE OF DEATH</b></p>					
<p>18 DATE OF DEATH <b>Dec. 27, 1947</b></p> <p>(Month) (Day) (Year)</p>					
<p>19 I HEREBY CERTIFY, That I attended deceased from <b>Dec. 27, 1947</b>, to <b>Dec. 27, 1947</b></p> <p>I last saw him alive on , 19 , death is said to have occurred on the date stated above, at m.</p> <p>Immediate cause of death <b>Stillborn (5 1/2 months premature)</b> <b>(Twin #1)</b></p>					
<p>Due to</p>					
<p>Due to</p>					
<p>Other conditions (Include pregnancy within 3 months of death)</p>					
<p>Major findings: Of operations</p>					
<p>Of autopsy</p>					
<p>What test confirmed diagnosis?</p>					
<p>20 Was disease or injury in any way related to occupation of deceased? If so, specify</p> <p>(Signed) <b>P. K. Stanton</b> M. D. (Address) <b>238 Marlborough St. Boston</b> Date <b>1/2/48</b></p>					
<p>21 <b>St. Michael</b> <b>Boston</b></p> <p>Place of Burial, Cremation or Removal (City or Town)</p> <p>DATE OF BURIAL <b>Jan. 2, 48</b> 19</p>					
<p>22 NAME OF FUNERAL DIRECTOR <b>Uncle Tom's</b></p> <p>ADDRESS <b>9 Chelsea St. East Boston</b></p>					
<p>Received and Filed <b>JAN 3 1948</b> 19</p> <p>(Registrar)</p>					

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

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information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-6-44-1-14955

PLACE OF DEATH

Suffolk County

Winthrop  
(City or Town)

No. Winthrop Comm. Hospital



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No.

259

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number) }

2 FULL NAME Baby (boy) Ranieri  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 44 Frankfort St.  
(Usual place of abode)

St. East Boston  
(If nonresident, give city or town and State)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male  
4 COLOR OR RACE White  
5 SINGLE (write the word) MARRIED WIDDED or DIVORCED Single

5a If married, widowed or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. Still Born

8 AGE Years Months Days If less than 1 day 4 Hours 3 Minutes

9 Usual Occupation:

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Winthrop Mass.  
(State or Country)

13 NAME OF FATHER Oscar Ranieri

14 BIRTHPLACE OF FATHER (City) Boston  
(State or Country) Mass.

15 MAIDEN NAME OF MOTHER Zubryzcha  
Frances Zubracka

16 BIRTHPLACE OF MOTHER (City) Boston  
(State or Country) Mass.

17 Informant Oscar Ranieri (Relation, if any) father  
(Address) 44 Frankfort St. East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter S. Calley  
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 1/2/48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 27 1947  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1947, to Dec 27, 1947  
I last saw him alive on Dec 27, 1947, death is said to have occurred on the date stated above, at 3:55 P. M.  
Immediate cause of death Duration IMPORTANT

Due to Premature Birth (5 1/2 months) (Twin #2)

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis?

IMPORTANT

Physician

Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) P. G. Costanza M. D.  
(Address) 238 Haverhill St. P. B. Date 12/29/47

21 St. Michael Boston  
Place of Burial, Cremation or Removal (City or Town)  
DATE OF BURIAL Jan. 2, 48 19

22 NAME OF FUNERAL DIRECTOR Vincent Kipino  
ADDRESS 9 Chelsea St. East Boston

Received and Filed JAN 3 1948 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

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No undertaker or other person shall hurry or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

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(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION





EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

National Guard

June 26, 1916

Mar 22, 1916

Pres. Co. 18 5th Reg.

Medical-Battalion Service

given to  
Mrs. M.  
over pho  
Jan. 7, 19



PLACE OF DEATH

*Suffolk County*  
*Wintthrop*  
 No. *22 Loring Road*



The Commonwealth of Massachusetts  
 OFFICE OF THE SECRETARY  
 DIVISION OF VITAL STATISTICS  
 MEDICAL EXAMINER'S  
 CERTIFICATE OF DEATH

To be filed for burial permit  
 with Board of Health  
 or Its Agent.  
 Registered No. **261**

2 FULL NAME *Richard J. Davis*  
 (If deceased is a married, widowed or divorced woman, give also maiden name.)  
 (a) Residence No. *94 B. Below*  
 (Usual place of abode)  
 Length of stay: In hospital or institution. \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days. In this community yrs. mos. days.  
 (Before death) (Specify whether)

PHYSICIAN-IMPORTANT

(Was deceased a  
 U. S. War Veteran.  
 If so specify WAR)  
*No*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Male*  
 4 COLOR OR RACE *White*  
 5 SINGLE (write the word)  
 MARRIED *divorced*  
 WIDOWED  
 or DIVORCED  
 6a If married, widowed, or divorced  
 HUSBAND of *Can't be learned*  
 (Give maiden name of wife in full)  
 (or) WIFE of \_\_\_\_\_  
 (Husband's name in full)  
 6 Age of husband or wife if alive \_\_\_\_\_ years  
 7 IF STILLBORN, enter that fact here.  
 8 AGE *61* Years \_\_\_\_\_ Months \_\_\_\_\_ Days | If less than 1 day  
 Hours \_\_\_\_\_ Minutes  
 Usual  
 9 Occupation: *Mechanic*  
 Industry  
 10 or Business: *J. R. Sullivan & Company*  
 11 Social Security No. *017-18-7298*  
 12 BIRTHPLACE (City)  
 (State or country) *Boston Mass*  
 13 NAME OF  
 FATHER *Ed Davis*  
 14 BIRTHPLACE OF  
 FATHER (City) *Can't be learned*  
 (State or country) *Mass*  
 15 MAIDEN NAME  
 OF MOTHER *Mary Baker*  
 16 BIRTHPLACE OF  
 MOTHER (City) *Can't be learned*  
 (State or country) *Mass*  
 17 Informant *Mrs. J. Davis* Relation, if any  
 (Address) *22 Loring Road*

18 DATE OF DEATH *December - 30 - 1947*  
 (Month) (Day) (Year)  
 19 I HEREBY CERTIFY that I have investigated the death  
 of the person above-named and that the CAUSE AND MANNER thereof  
 are as follows: (If an injury was involved, state fully.)  
*Gas Poisoning*  
*manner to be determined*  
 20 Accident, suicide, or homicide (specify) *Gas poisoning*  
 Data of occurrence *Presumably accidental;*  
 Where did  
 Injury occur? *Found dead in gas filled*  
 (City or town and State) *kitchen*  
 Did injury occur in or about home, on farm, in industrial place, or in public  
 place? \_\_\_\_\_ (Specify type of place)  
 Manner of  
 Injury *Found dead in a gas filled*  
 Nature of  
 Injury *Kitchen at Wintthrop Dec-30-1947*  
 While at work? \_\_\_\_\_ Was there an autopsy? *yes*  
 21 Was disease or injury in any way related to occupation of deceased?  
 If so, specify *St. Bruckley*  
 (Signed) \_\_\_\_\_, M. D.  
 (Address) *Boston Dec-30-1947*  
 22 *St. Joseph's* *Boston Mass*  
 Place of Burial, Cremation or Removal. (City or Town)  
 DATE OF BURIAL *Jan 3* 1948  
 23 NAME OF  
 FUNERAL DIRECTOR *Thomas J. Burke*  
 ADDRESS *365 Franklin St. Boston*

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
 filed with me BEFORE the burial or transit permit was issued:  
**THOMAS F. GOUR**  
 (Signature of Agent of Board of Health or other)  
**1646**  
**JAN 2 1948**  
 (Official Designation) (Date of Issue of Permit)

Received and filed **JAN 7 1948** 19  
 (Registrar)

EXTRACTS FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE  
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physical condition is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

#### STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

#### DESCRIPTION (for unknown person)

**NOTICE TO UNDERTAKERS:** No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
COPY OF  
CERTIFICATE OF DEATH

Chelsea

(City or town making return)

Registered No. 594 262

PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)

No. Soldiers' Home Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph L. LaFayette

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 11 Hale Avenue

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Winthrop, Mass.

Length of stay: In hospital or institution

Hospital

years

months

17

days

In this community

yrs.

mo.

days

(Before death)

(Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

white

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of

Agnes MacFarlane

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

51

years

7 IF STILLBORN, enter that fact here.

8

AGE 66 years

4 Months

3 Days

If less than 1 day

Hours Minutes

Usual

9 Occupation:

Inspector Navy Dept.

Industry

10 or Business:

U.S. Government

11 Social Security No.

12 BIRTHPLACE (City)  
(State or country)

Plymouth,

Mass.

13 NAME OF  
FATHER

Peter LaFayette

14 BIRTHPLACE OF  
FATHER (City)  
(State or country)

Vt.

15 MAIDEN NAME  
OF MOTHER

Ellen Norton

16 BIRTHPLACE OF  
MOTHER (City)  
(State or country)

Kingston,

Mass.

17 Hospital records

Informant  
(Address)

(Relation, if any)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Dec. 2

19 47

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATH

Dec. 2, 1947

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from  
Nov. 15, 1947, to Dec. 2, 1947

I last saw him alive on Dec. 2, 1947, death is said to

have occurred on the date stated above, at 12.05 P.

Duration

Immediate cause of death

Acute coronary thrombosis

5 wks.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? clinical

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

A.J. Guarante

M. D.

(Address)

Sold. Home

Date

12/2 47

21 PLACE OF BURIAL,  
CREMATION OR REMOVAL

Winthrop, Winthrop

(Cemetery)

(City or Town)

DATE OF BURIAL

Dec. 5

19

22 NAME OF  
FUNERAL DIRECTOR  
ADDRESS

J.F.O'Maley

79 Atlantic St., Winthrop

Received and filed

JAN 3 1948

19

(Registrar of City or Town where deceased resided)

Date of entering Military service

May 1, 1917

Date of Discharge

May 6, 1919

Rank, Rating Mach.

Organization & Outfit USNRF



Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts

Boston

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF  
CERTIFICATE OF DEATH

Registered No. 10758 263

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Mass. Women's Hospt

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Girl Thomas

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 2 Beach

(Usual place of abode)

St. Winthrop Mass.  
(If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) years months days In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX F 4 COLOR OR RACE W 5 SINGLE (write the word) MARRIED WIDOWED Single or DIVORCED

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE Years Months Days If less than 1 day 7 Hours Minutes

9 Usual Occupation: ---

10 Industry or Business:

11 Social Security No. ---

12 BIRTHPLACE (City) Boston Mass. (State or country)

13 NAME OF FATHER Raymond Thomas

14 BIRTHPLACE OF FATHER (City) Boston Mass. (State or country)

15 MAIDEN NAME OF MOTHER Edythe Crowe

16 BIRTHPLACE OF MOTHER (City) East Boston Mass. (State or country)

17 Informant Record Room (Address) Mass. Women's Hospt Relation, if any

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Dec. 18/47 19

18 DATE OF DEATH Dec. 12/47 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1947, to Dec. 12, 1947. I last saw her alive on Dec. 12, 1947, death is said to have occurred on the date stated above, at 5:30PM M.

Immediate cause of death: Atelectasis of lungs Duration 1 Day

Due to: Premature baby 1 Day

Due to:

Other conditions: (Include pregnancy within 3 months of death)

Major findings: No Of operations

Date of: Atelectasis of lungs Of autopsy autopsy

What test confirmed diagnosis? autopsy

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John T Williams M. D. (Address) Boston Mass. Date 12-12-47

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cem-Winthrop Mass. (City or Town)

DATE OF BURIAL Dec. 21/47 19

22 NAME OF FUNERAL DIRECTOR Kirby Bros. Winthrop Mass. ADDRESS

Received and filed JAN 20 1948 19 (Registrar of City or Town where deceased resided)





## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

Boston

(City or town making return)

COPY OF  
CERTIFICATE OF DEATH

Registered No. 11000261

Suffolk  
(County)

Boston

(City or Town)

No. Doctor's Hospital

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)2 FULL NAME Israel G Blumenthal  
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence No. 37 Trident Ave  
(Usual place of abode)St. Winthrop Mass.  
(If nonresident, give city or town and State)Length of stay: In hospital or institution..... years months days. In this community 17 yrs. mos. days.  
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word)  
MARRIED Married  
WIDOWED  
or DIVORCED18 DATE OF DEATH Dec. 23/47  
(Month) (Day) (Year)5a If married, widowed, or divorced Corra Bobrick  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)19 I HEREBY CERTIFY, That I attended deceased from  
June 10, 1943 to Dec. 23, 1947  
I last saw him alive on Dec. 23/47, 19, death is said to  
have occurred on the date stated above, at 2 PM

6 Age of husband or wife if alive 51 years

Immediate cause of death  
Myocardial infarction  
Coronary occlusion  
Due to Coronary arterio sclerosis  
Duration 3 1/2 Hrs  
3 1/2 " Unknown

7 IF STILLBORN, enter that fact here.

8 AGE 50 Years 3 Months 8 Days | If less than 1 day  
Hours Minutes

Due to

Usual Occupation: Sales Manager

Due to

10 Industry or Business: Seltzer &amp; Co.

Other conditions (Include pregnancy within 3 months of death)

11 Social Security No. 010-09-9286

12 BIRTHPLACE (City) England  
(State or country)

Physician

13 NAME OF FATHER Jacob Blumenthal

Major findings: None  
Of operations14 BIRTHPLACE OF FATHER (City) Russia  
(State or country)Date of Not performed  
Of autopsy Examination  
What test confirmed diagnosis?

15 MAIDEN NAME OF MOTHER Dora Freedman

20 Was disease or injury in any way related to occupation of deceased?

16 BIRTHPLACE OF MOTHER (City) Russia  
(State or country)If so, specify H A Derow  
(Signed) Boston Mass. Date 12-23-19 M. 87  
(Address)17 Informant J Blue (Brother)  
(Address) Name legally changed21 PLACE OF BURIAL Tifereth Israel of Winthrop  
CREMATION OR REMOVAL (Cemetery) Everett  
(City or Town)

DATE OF BURIAL Dec. 24/47 19

A TRUE COPY.

22 NAME OF FUNERAL DIRECTOR Louis Levine  
ADDRESS Brookline Mass.

ATTEST: (Registrar of city or town where death occurred)

Received and filed JAN 23 1948 19  
(Registrar of City or Town where deceased resided)

DATE FILED Dec. 29 19 47





# CERTIFICATE OF DEATH

CENSUS TRACT NO. 99NO. OF RECORD 477029

1 OF DEATH

DISTRICT OF COLUMBIA HEALTH DEPARTMENT, BUREAU OF VITAL STATISTICS

## 1. PLACE OF DEATH:

- (a) Street address Annapolis Hotel  
 (b) Name of hospital 1111 H St., N.W.  
 or institution  
 (c) Length of stay: In hospital or institution  
 (d) In District of Columbia 3 days

2. (a) FULL NAME (Print) MRS. HENRIETTA TRAUNSTEIN

## 3. (b) SOCIAL SECURITY NO. \_\_\_\_\_

## 4. (c) IF VETERAN, NAME WAR \_\_\_\_\_

5. SEX Female 6. (a) COLOR OR RACE White  
 7. (b) MARRIAGE STATUS Married

8. (b) NAME OF HUSBAND OR WIFE Maurice9. BIRTH DATE OF DECEASED March 22, 1893

10. AGE 54 Years Months Days If less than one day—hrs.

11. BIRTHPLACE Boston, Mass. (City, town, or county)12. USUAL OCCUPATION At home

13. INDUSTRY OR BUSINESS \_\_\_\_\_

14. (a) NAME (Print) Samuel Simon  
 (b) BIRTHPLACE Boston, Mass. (City, town, or county) (State or foreign country)

15. (a) MAIDEN NAME (Print) Lila Wingersky  
 (b) BIRTHPLACE Boston, Mass. (City, town, or county) (State or foreign country)

16. (a) INFORMANT Maurice Traunstein  
 (b) ADDRESS 41 Bay View Ave., Boston, Mass.17. (a) RELATION OF INFORMANT TO DECEASED Husband18. (a) PLACE OF BURIAL, CREMATION, OR REMOVAL Boston, Mass.19. (a) DATE March 22, 1947 (Month) (Day) (Year)20. (a) SIGNATURE Henrietta Traunstein (Signature of funeral director)21. ADDRESS 1754 Pennsylvania Ave., N.W.22. (b) SIGNATURE John H. Hays (Signature of registrar)23. (c) SIGNATURE John H. Hays (Signature of registrar)24. (d) SIGNATURE John H. Hays (Signature of registrar)25. (e) SIGNATURE John H. Hays (Signature of registrar)26. (f) SIGNATURE John H. Hays (Signature of registrar)27. (g) SIGNATURE John H. Hays (Signature of registrar)28. (h) SIGNATURE John H. Hays (Signature of registrar)

(Registrar of city or town where death occurred)

DATE FILED

19

## The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

(City or town making return)

265

Received and filed

MAR 30 1948

19

(Registrar of City or Town where deceased resided)





NON-READ INSTITUTIONS on Back  
VITAL STATISTICS

m 5

1. FULL NAME Stephen Douglas Gribby

2. PLACE OF DEATH: (A) COUNTY Los Angeles  
(B) CITY OR TOWN Inglewood  
(C) NAME OF HOSPITAL OR INSTITUTION 503 E. Ellis Ave  
IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET NUMBER OR LOCATION  
(D) LENGTH OF STAY: (SPECIFY WHETHER YEARS, MONTHS OR DAYS)  
IN HOSPITAL OR INSTITUTION  
IN THIS COMMUNITY 23 days IN CALIFORNIA 26 days  
(E) IF FOREIGN BORN, HOW LONG IN THE U. S. A. ? \_\_\_\_\_ YEARS

3. (E) IF VETERAN, NAME OF WAR World War I 3. (F) SOCIAL SECURITY No. 012-18-9942

4. SEX male 5. COLOR OR RACE cauc 6. (A) SINGLE, MARRIED, WIDOWED OR DIVORCED single

6. (B) NAME OF HUSBAND OR WIFE \_\_\_\_\_ 6. (C) AGE OF HUSBAND OR WIFE IF ALIVE \_\_\_\_\_ YEARS

7. BIRTH DATE OF DECEASED June 29 1892  
MONTH DAY YEAR  
8. AGE 54 YRS 8 MOS. 5 DAYS IF LESS THAN ONE DAY OLD  
HRS. MIN.

9. BIRTH PLACE Co. Portland, Maine

10. USUAL OCCUPATION owner and operator

11. INDUSTRY OR BUSINESS sheet metal works

12. NAME Charles Gribby

13. BIRTH PLACE Co. Portland, Maine

14. MAIDEN NAME Abbie C. Waterhouse

15. BIRTH PLACE Maine

16. (A) INFORMANT Harry Pangburn  
(B) ADDRESS 503 E. Ellis Ave Inglewood

17. (A) burial (B) DATE 3-7-47  
CITY OR TOWN COUNTY STATE  
(C) PLACE Pierce Bros. Crematorium  
(A) EMBALMER'S SIGNATURE Robert Geo. Stevens LICENSE 3205  
(B) FUNERAL DIRECTOR Pierce Bros Inglewood  
ADDRESS 3443 S. Manchester Blvd.  
BY C. M. Hess

18. Mar 6 1947 Roy C. Gilbert REGISTRAR'S SIGNATURE

19. (A) Mar 6 1947 (B) DATE FILED

3. USUAL RESIDENCE OF DECEASED:  
(A) STATE Mass.  
(B) COUNTY Suffolk  
(C) CITY OR TOWN Winthrop  
IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL  
(D) STREET NO. 56 Hinch Rd.

20. DATE OF DEATH: MONTH March DAY 4  
YEAR 1947 HOUR 2 MINUTE 30 PM

21. MEDICAL CERTIFICATE  
I HEREBY CERTIFY, THAT I ATTENDED THE DECEASED  
FROM 3-11-47 19\_\_\_\_  
TO 3-4-47 19\_\_\_\_  
THAT I LAST SAW H. in ALIVE  
ON 3-4-47 19\_\_\_\_  
AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED ABOVE.

22. CORONER'S CERTIFICATE  
I HEREBY CERTIFY, THAT I HELD AN  
AUTOPSY, INQUEST OR INVESTIGATION  
ON THE REMAINS OF THE DECEASED AND FIND FROM SUCH ACTION THAT DECEASED CAME TO  
H. \_\_\_\_\_ DEATH ON THE DATE AND HOUR STATED ABOVE.

IMMEDIATE CAUSE OF DEATH uremia poisoning 2 weeks  
and cerebral hemorrhage 3 days  
DUE TO malignant hypertension 2 hrs

DUE TO hypertensive vascular disease

OTHER CONDITIONS hypertensive encephalopathy

MAJOR FINDINGS: none PHYSICIAN UNDERLINE THE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY

OF OPERATIONS \_\_\_\_\_ DATE OF OPERATION \_\_\_\_\_

OF AUTOPSY none

23. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:  
(A) ACCIDENT, SUICIDE, OR HOMICIDE? \_\_\_\_\_ (B) DATE OF INJURY \_\_\_\_\_  
(C) WHERE DID INJURY OCCUR? \_\_\_\_\_ CITY OR TOWN COUNTY STATE  
(D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, OR IN PUBLIC PLACE? \_\_\_\_\_ WHILE AT WORK? \_\_\_\_\_  
SPECIFY TYPE OF PLACE \_\_\_\_\_  
(E) MEANS OF INJURY \_\_\_\_\_

24. CORONER'S OR PHYSICIAN'S SIGNATURE H. Edward Dearlier M.D.  
(SPECIFY WHICH) 35th St. Los Angeles 3-5-47  
ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

# INSTRUCTIONS

(1) Write with unfading black or blue-black ink. No other inks are acceptable. Certificates may be clearly typewritten. Every item of information should be carefully supplied.

(2) Age should be stated exactly. If definite date of birth is not known, the age should be stated as nearly as possible.

(3) This certificate must bear the actual signatures of the physician or coroner, the person filing the certificate for the funeral home, and the local registrar.

(4) **Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits may be known. An entry should be made in this section for every person aged 10 years or over. If the deceased has retired from business, the occupation prior to retirement should be reported. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, the entry should be **housewife**. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel, etc.** For a person who had no occupation the entry should be **none**.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. The particular kind of work done should be stated clearly as **spinner, weaver, etc.**

In stating the industry or business the use of such general terms as "store," "factory," "mill," etc., should be avoided. The particular kind of store, factory, mill, etc., should be stated as **grocery store, soap factory, cotton mill, etc.**

The different kinds of engineers should be carefully distinguished by giving the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.** The term "laborer" should be avoided when a more precise statement of the occupation can be secured. The word "mechanic" should not be used but the exact occupation, as **carpenter, painter, machinist, etc.** A careful distinction should be made between **retail merchants and wholesale merchants**. The term "clerk" without qualification, should always be avoided. A person who sells goods should be called a **salesman**. A stenographer, typist, accountant, bookkeeper, cashier, etc., should be reported as such, never as a "clerk."

(5) **Physician's Statement of Cause of Death.**—The morbid conditions relating to death are divided on the certificate into two groups. In Group I are those related to the "Immediate Cause" of death, and in Group II, those not causally related thereto. In most cases a statement of cause under Group I will suffice. Detailed certification is not desired, the entry of a single cause being preferable in all cases where this can be regarded as adequate (see Example 1), but where the physician finds it necessary to record more than one cause it is important that these be stated in the position provided on the form as indicative of their mutual relationship. This information is sought so that the selection of the cause for tabulation may be made in the light of the certifier's viewpoint:—

(a) Name first the "Immediate Cause" of death, *i.e.*, the disease, injury or complication which caused death (not mode of dying or terminal condition).

(b) Then give other morbid conditions (if any) of which it was the consequence, in order of causal relationship (due to) stating the most recent one first and then others in order.

(c) Entries under Group II should be reserved for "other important contributory morbid conditions" in those instances particularly in which death was due to a combination of maladies, none of which would have been fatal alone. In such cases the physician's judgment alone can afford guidance to the tabulator.

(d) Use always accepted terms for morbid conditions and never record mere symptoms.

(e) **Maternal Deaths.**—Qualify all diseases resulting from childbirth, miscarriage or abortion by the word "Puerperal," *e.g.*, puerperal septicæmia. Distinguish between septicæmia originating in abortion and in childbirth.

(f) **Cancer.**—In all cases the organ or part first affected should be specified.

(g) **Violent Deaths.**—Coroners, medical examiners and physicians who certify to deaths from violent causes should always clearly indicate the fundamental distinction of whether the death was due to **accident, suicide or homicide**, and then state the manner and nature of injury. The circumstances of each accident should be stated as fully as possible, *e.g.*, an automobile accident should always be designated as such.

The following examples illustrate the essential principles in the use of the form.

I	Example 1	Example 2	Example 3	Example 4	Example 5
Immediate Cause .....	(a) Lobar pneumonia	(a) Pulmonary tuberculosis	(a) Acute peritonitis	(a) Bronchopneumonia	(a) Uræmia
Morbid Conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	due to (b) —	due to (b) —	due to (b) Acute appendicitis	due to (b) Operation	due to (b) Chronic nephritis
	due to (c) —	due to (c) —	due to (c) —	due to (c) Strangulated inguinal hernia	due to (c) —
II	II	II	II	II	II
Other morbid conditions (if important) contributing to death but not causally related to immediate cause.	—	—	—	Chronic interstitial nephritis	Chronic bronchitis

APR 10 1948











